

1.) CORPORATION NAME: SFE, INC.	DUE DATE: 6/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ANNETTE S RACE 3830 N ROBERTS LANE ARLINGTON, VA	SCC ID NO: 05233705
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 160 LEUCADENDRA DR CITY/ST/ZIP: CORAL GABLES, FL 33156	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN S SULLIVAN III TITLE: PRESIDENT ADDRESS: 160 LEUCADENDRA DR CITY/ST/ZIP/CO: CORAL GABLES, FL 33156	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SARAH S BOYD TITLE: DIRECTOR ADDRESS: 6760 POLO DR CITY/ST/ZIP/CO: CUMMING, GA 30130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANNETTE S RACE TITLE: DIRECTOR ADDRESS: 3830 N ROBERTS LN CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM H SULLIVAN TITLE: DIRECTOR ADDRESS: 95 THISTLE RD CITY/ST/ZIP/CO: NORTH ANDOVER, MA 01845	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ANNETTE S RACE	ANNETTE S RACE, DIRECTOR	5/13/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.