

1.) CORPORATION NAME:

**BRANSCOME INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **12/31/2010**

SCC ID NO: **05506134**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4551 JOHN TYLER HIGHWAY

CITY/ST/ZIP: WILLIAMSBURG, VA 23185-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM S PATTERSON	
TITLE:	PRESIDENT	
ADDRESS:	4551 JOHN TYLER HIGHWAY	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KEVIN R JONES	
TITLE:	VICE PRESIDENT	
ADDRESS:	4551 JOHN TYLER HIGHWAY	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GEORGE B LEAGUE	
TITLE:	VICE PRESIDENT	
ADDRESS:	4551 JOHN TYLER HIGHWAY	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GABE WHITAKER	
TITLE:	ASST SECRETARY	
ADDRESS:	4130 NORTH GLENN AVENUE	
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27105-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SCOTT DANIEL	
TITLE:	ASST SECRETARY	
ADDRESS:	4551 JOHN TYLER HIGHWAY	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT KESSENICH ASST SECRETARY 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERETTA JONES ASST SECRETARY 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN-LUC BEGASSE DE DHAEM DIRECTOR 163 MADISON AVENUE SUITE 500 MORRISTOWN, NJ 07960-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY L MARTINO II SECRETARY 163 MADISON AVENUE SUITE 500 MORRISTOWN, NJ 07960-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEWEY HURLEY VP OF OPERATION 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	F HUNTER CREECH III CFO 4551 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

<u>/s/ F HUNTER CREECH III</u>	<u>F HUNTER CREECH III, CFO</u>	<u>4/20/2011</u>
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.