

1.) CORPORATION NAME:

BRANSCOME INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **05506134**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 432 MCLAWS CIRCLE

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.

NAME:	WILLIAM S PATTERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	432 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	WILLIAM D HURLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	432 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	KEVIN R JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	432 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	GEORGE B LEAGUE JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	432 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	F HUNTER CREECH III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/TREASURER		
ADDRESS:	432 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMBURG, VA 23185		

NAME:	SCOTT DANIEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	432 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORI HURLEY ASST SECRETARY 432 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERETTA JONES ASST SECRETARY 432 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRETA GARDNER ASST SECRETARY 432 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS MATTHEWS ASST SECRETARY 432 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. BRENT MOORE ASST SECRETARY 432 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS VENABLE ASST SECRETARY 432 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA GOGA ASST SECRETARY 432 MCLAWS CIRCLE WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input 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/ ANTHONY L MARTINO II SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTHONY L MARTINO II, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/7/2013 DATE
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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.