

1.) CORPORATION NAME:

**Proto-Technics, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT SHREVE  
180 SOUTH ALMOND STREET  
ORANGE, VA**

SCC ID NO: **05515952**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000
PREFA	200
PREFB	150

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ORANGE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 180 SOUTH ALMOND STREET

CITY/ST/ZIP: ORANGE, VA 22960

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.

<p>NAME: JAMES BOSKET TITLE: CFO ADDRESS: 36487 CONSTITUTION HIGHWAY CITY/ST/ZIP/CO: ORANGE, VA 22960</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT SHREVE TITLE: CEO/CHAIRMAN ADDRESS: 180 SOUTH ALMOND STREET CITY/ST/ZIP/CO: ORANGE, VA 22960</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALAN HELWIG TITLE: DIRECTOR ADDRESS: 24291 RAECOON FORD ROAD CITY/ST/ZIP/CO: CULPEPER, VA 22701</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KARL HESS TITLE: DIRECTOR ADDRESS: 1072 OVERLAKE AVE. CITY/ST/ZIP/CO: FOREST, VA 24517</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SCOTT HOWARD TITLE: DIRECTOR ADDRESS: 3501 SOUTH LAKE DRIVE STE 100 CITY/ST/ZIP/CO: MILWAUKEE, WI 53235</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID SHAW TITLE: DIRECTOR ADDRESS: 457 TALL OAKS LANE CITY/ST/ZIP/CO: GOERDONSVILLE, VA 22942</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Henry Philcox TITLE: COO ADDRESS: 6614 Summerview Ct. CITY/ST/ZIP/CO: Orange, VA 22960	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Cooper Stewart TITLE: SECRETARY ADDRESS: 200 Garrett St. Unit 402 CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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.

/s/ ROBERT SHREVE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT SHREVE, CEO/CHAIRMAN PRINTED NAME AND CORPORATE TITLE	1/31/2014 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.