

1.) CORPORATION NAME:

Corbin Company

DUE DATE: **3/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

MARK A ROBIN

99 CANAL CENTER PLAZA STE 310

ALEXANDRIA, VA 22314

SCC ID NO: **05546767**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 99 CANAL CENTER PLAZA
SUITE 310

CITY/ST/ZIP: ALEXANDRIA, VA 22314-

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: CHRISTOPHER M WHITTY
TITLE: ASST VP
ADDRESS: 99 CANAL CENTER PLAZA
STE 310
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: CHERYL ANN REUTEMANN
TITLE: ASST VP
ADDRESS: 99 CANAL CENTER PLAZA
SUITE 310
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: DUSTIN J KANADY
TITLE: VICE PRESIDENT
ADDRESS: 99 CANAL CENTER PLAZA
STE 310
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: SEAN MCAULIFFE
TITLE: VICE PRESIDENT
ADDRESS: 99 CANAL CENTER PLAZA
SUITE 310
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ELIZABETH ANN SOMMERS		
TITLE:	ASST VP		
ADDRESS:	99 CANAL CENTER PLAZA SUITE 310		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SCOTT MOORE		
TITLE:	ASST VP		
ADDRESS:	99 CANAL CENTER PLAZA SUITE 310		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS J CORRIDON		
TITLE:	COO		
ADDRESS:	99 CANAL CENTER PLAZA STE 310		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK A ROBIN		
TITLE:	CEO		
ADDRESS:	99 CANAL CENTER PLAZA STE 310		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JULIE LEATHERMAN		
TITLE:	CONTROLLER		
ADDRESS:	99 CANAL CENTER PLAZA SUITE 310		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		

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/ CHERYL ANN REUTEMANN</u>	<u>CHERYL ANN REUTEMANN, ASST</u>	<u>1/18/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>VP</u> 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.