

1.) CORPORATION NAME:

GOODNIGHT CONSULTING, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID L HILTON
8303 ARLINGTON BLVD SUITE 102
FAIRFAX, VA 22031**

SCC ID NO: **05601703**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 42395 RYAN ROAD
STE 112-650

CITY/ST/ZIP: ASHBURN, VA 20148

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:	CHARLES T GOODNIGHT	
TITLE:	P/T	
ADDRESS:	42395 Ryan Road STE 112-650	
CITY/ST/ZIP/CO:	Ashburn, VA 20148	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PARIS S GOODNIGHT	
TITLE:	VP/S	
ADDRESS:	42395 Ryan Road STE 112-650	
CITY/ST/ZIP/CO:	Ashburn, VA 20148	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOACHIM E SCHOLZ	
TITLE:	DIRECTOR	
ADDRESS:	42395 Ryan Road STE 112-650	
CITY/ST/ZIP/CO:	Ashburn, VA 20148	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LOIS G SCHOLZ	
TITLE:	DIRECTOR	
ADDRESS:	42395 Ryan Road STE 112-650	
CITY/ST/ZIP/CO:	Ashburn, VA 20148	

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/ PARIS S GOODNIGHT	PARIS S GOODNIGHT, VP/S	5/7/2012
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.