

1.) CORPORATION NAME: ALLEN BRISTOW INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ALLEN BRISTOW 296 GARRISONVILLE RD STE 101 STAFFORD, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: STAFFORD COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 6/30/2015 SCC ID NO: 05605829 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 373 GARRISONVILLE ROAD STE 109 CITY/ST/ZIP: STAFFORD, VA 22554
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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: ALLEN BRISTOW TITLE: PRESIDENT ADDRESS: 205 TYLER VON WAY CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: WENDY BRISTOW TITLE: SECRETARY ADDRESS: 195 SHELTON SHOP RD CITY/ST/ZIP/CO: STAFFORD, VA 22554	<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/ ALLEN BRISTOW	ALLEN BRISTOW, PRESIDENT	9/1/2015
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.