

1.) CORPORATION NAME: After the Fall, Inc.	DUE DATE: 11/30/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SUSAN NELSON-GLOVER 2496 TREEHOUSE DR WOODBIDGE, VA	SCC ID NO: 05675475				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY	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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2239 K TACKETTS MILL DRIVE CITY/ST/ZIP: WOODBRIDGE, VA 22192	
---	--

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: SIDNEY L GLOVER TITLE: PRESIDENT ADDRESS: 2496 TREEHOUSE DRIVE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: SUSAN D NELSON-GLOVER TITLE: S/T ADDRESS: 2496 TREEHOUSE DRIVE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: ALEXANDRA W NELSON TITLE: DIRECTOR ADDRESS: 2526 FLINT HILL ROAD CITY/ST/ZIP/CO: VIENNA, VA 22181	<input type="checkbox"/> OFFICER	<input checked="" 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/ SIDNEY L GLOVER	SIDNEY L GLOVER, PRESIDENT	9/30/2013
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.