

1.) CORPORATION NAME:

Fairfax ExxonMobil Club

DUE DATE: **10/31/2011**

SCC ID NO: **05848866**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

RANDY T SMITH

3225 GALLOWS RD ROOM 700203

FAIRFAX, VA 22037

5.) STOCK INFORMATION

| | |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3225 GALLOWS RD
RM #BF-2330

CITY/ST/ZIP: FAIRFAX, VA 22037-0001

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: | BRIGITTA EARLE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 3225 GALLOWS RD | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22037- | | |
| NAME: | DAVID HUNERS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 3225 GALLOWS RD | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22037- | | |
| NAME: | TERRY M DAVIS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 3225 GALLOWS RD | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22037- | | |
| NAME: | CHARLES CHOE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 3225 GALLOWS RD | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22037- | | |
| NAME: | RANDY T SMITH | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 3225 GALLOWS RD | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22037-0001 | | |

| | | |
|---|---|-----------------------------------|
| NAME: CLIFTON COKER TITLE: PRESIDENT ADDRESS: 3225 GALLOWS ROAD CITY/ST/ZIP/CO: FAIRFAX, VA 22037- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

| | | |
|---|---|-----------------------------------|
| NAME: JANICE WILKENS TITLE: ASST TREASURER ADDRESS: 3225 GALLOWS RD CITY/ST/ZIP/CO: FAIRFAX, VA 22037-0001 | <input checked="" type="checkbox"/> OFFICER | <input 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.

| | | |
|--|---|--------------------------|
| <u>/s/ JANICE WILKENS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>JANICE WILKENS, ASST TREASURER</u> PRINTED NAME AND CORPORATE TITLE | <u>9/21/2011</u> 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.