

1.) CORPORATION NAME:

Marion Construction, Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **05914015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
BRETT L ANTONIDES
1213 SHAKER DRIVE
HERNDON, VA 20170**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	15,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6408 P SEVEN CORNERS PLACE

CITY/ST/ZIP: FALLS CHURCH, VA 22044-

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: ANNETTE C OSSO
TITLE: PRES/DIR
ADDRESS: 4401 S 4TH ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22204-

OFFICER

DIRECTOR

NAME: DAVID R MICHAELSON
TITLE: VP/COO/DIR
ADDRESS: 4401 S 4TH ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22204-

OFFICER

DIRECTOR

NAME: SARAH A MICHAELSON
TITLE: SECRETARY
ADDRESS: 4401 S 4TH ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22204-

OFFICER

DIRECTOR

NAME: DANIEL E MICHAELSON
TITLE: TREASURER
ADDRESS: 4401 S 4TH ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22204-

OFFICER

DIRECTOR

NAME: GRANT J MICHAELSON
TITLE: DIRECTOR
ADDRESS: 1544 OSTRANDER AVENUE
CITY/ST/ZIP/CO: LA GRANGE PARK, IL 60526-

OFFICER

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/ DAVID R MICHAELSON
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

DAVID R MICHAELSON,
VP/COO/DIR
PRINTED NAME AND CORPORATE
TITLE

9/15/2011
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.