

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216517023
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1.) CORPORATION NAME: Marion Enterprises, Inc.	DUE DATE: 2/29/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BRETT L ANTONIDES 1213 SHAKER DRIVE HERNDON, VA	SCC ID NO: 05914015				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX 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>COMV</td> <td>15,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	15,000
CLASS	AUTHORIZED				
COMV	15,000				
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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ANNETTE C OSSO			
TITLE: PRES/DIR			
ADDRESS: 4401 S 4TH ST			
CITY/ST/ZIP/CO: ARLINGTON, VA 22204			

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID R MICHAELSON			
TITLE: VP/COO/DIR			
ADDRESS: 4401 S 4TH ST			
CITY/ST/ZIP/CO: ARLINGTON, VA 22204			

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: DANIEL E MICHAELSON			
TITLE: TREASURER			
ADDRESS: 4401 S 4TH ST			
CITY/ST/ZIP/CO: ARLINGTON, VA 22204			

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: SARAH A MICHAELSON			
TITLE: SECRETARY			
ADDRESS: 4401 S 4TH ST			
CITY/ST/ZIP/CO: ARLINGTON, VA 22204			

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: GRANT J MICHAELSON			
TITLE: DIRECTOR			
ADDRESS: 1544 OSTRANDER AVENUE			
CITY/ST/ZIP/CO: LA GRANGE PARK, IL 60526			

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/ ANNETTE C OSSO	ANNETTE C OSSO, PRES/DIR	5/4/2016
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.