

1.) CORPORATION NAME: <b>Uptime Solutions Professional Services Group, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>AISHA J. BULLARD          JAMES A. BULLARD, JR., P.C.          2916 CHAMBERLAYNE AVENUE          RICHMOND, VA</b>	DUE DATE: <b>4/30/2014</b>  SCC ID NO: <b>05948088</b>  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
CLASS	AUTHORIZED				
COMMON	5,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 3801 GASKINS ROAD  CITY/ST/ZIP: RICHMOND, VA 23233	
--------------------------------------------------------------------------------------------------------	--

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: MARK C MANN SR TITLE: CEO ADDRESS: 3801 GASKINS ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
--------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: JAMES D SHERIDAN TITLE: DIRECTOR ADDRESS: 3801 GASKINS ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: TIMOTHY P WHITAKER TITLE: DIRECTOR ADDRESS: 3801 GASKINS ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
-----------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: BARON M WRIGHT TITLE: DIRECTOR ADDRESS: 3801 GASKINS ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input checked="" 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/ JAMES D SHERIDAN	JAMES D SHERIDAN, DIRECTOR	2/17/2014
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.