

1.) CORPORATION NAME: <b>CORSICO RF COMMUNICATIONS INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MARK A BOWERS 137 MOUNT VIEW DR AFTON, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>AUGUSTA COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>9/30/2015</b> SCC ID NO: <b>06037964</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				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 137 MOUNT VIEW DRIVE  CITY/ST/ZIP: AFTON, VA 22920
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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 A BOWERS TITLE: PRES/TREAS ADDRESS: 137 MOUNT VIEW DRIVE CITY/ST/ZIP/CO: AFTON, VA 22920	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: LINDA BOWERS TITLE: SECRETARY ADDRESS: 137 MOUNT VIEW DR. CITY/ST/ZIP/CO: AFTON, VA 22920	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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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/ MARK A BOWERS	MARK A BOWERS, PRES/TREAS	9/15/2015
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.