

1.) CORPORATION NAME: <b>KOBALT 4, LTD.</b>	DUE DATE: <b>10/31/2011</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>SHARYN R SIMPSON 4949 WESTMORELAND DR WILLIAMSBURG, VA 23188</b>	SCC ID NO: <b>06043152</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>JAMES CITY COUNTY</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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4949 WESTMORELAND DRIVE

CITY/ST/ZIP: WILLIAMSBURG, VA 23188

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: SHARYN R SIMPSON		
TITLE: PRESIDENT		
ADDRESS: 4949 WESTMORELAND DRIVE		
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lanny J Simpson		
TITLE: DIRECTOR		
ADDRESS: 4949 Westmoreland Dr.		
CITY/ST/ZIP/CO: Williamsburg, VA 23188		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jasen R Simpson		
TITLE: DIRECTOR		
ADDRESS: 107 Tallyho Drive		
CITY/ST/ZIP/CO: Yorktown, VA 23693		

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/ SHARYN R SIMPSON	SHARYN R SIMPSON, PRESIDENT	4/12/2012
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.