

1.) CORPORATION NAME:

DUE DATE: **12/31/2013**

Comfort for America's Uniformed Services

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06076897**

**WM QUINTON ROBINSON
4020 UNIVERSITY DR STE 300
FAIRFAX, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4114 LEGATO ROAD
STE B

CITY/ST/ZIP: FAIRFAX, VA 22033

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:	JOHN CALDWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7902 SOUTH RUN VIEW		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153		
NAME:	RONALD NAPLES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	411 WISTER ROAD		
CITY/ST/ZIP/CO:	WYNNEWOOD, PA 19096		
NAME:	PAMELA DERROW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR		
ADDRESS:	11707 Fairfax Woods Way		
CITY/ST/ZIP/CO:	Apt 11101 ALEXANDRIA, VA 22304		
NAME:	DR J PHILLIP LONDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O CACI INTERNATIONAL INC		
CITY/ST/ZIP/CO:	1100 N GLEBE RD ARLINGTON, VA 22201		
NAME:	Joyce Doheny	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6922 Raspberry Plain Place		
CITY/ST/ZIP/CO:	Springfield, VA 22153		
NAME:	John Jorgenson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4517 Warren St NW		
CITY/ST/ZIP/CO:	Washington, VA 20016		

NAME: Ryan Lamke TITLE: DIRECTOR ADDRESS: 1234 Massachusetts Ave Apt 823 CITY/ST/ZIP/CO: Washington DC, DC 20005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Lesley Lavalley TITLE: DIRECTOR ADDRESS: 9116 Marseille Drive CITY/ST/ZIP/CO: Potomac, MD 20854	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Edward Sullivan TITLE: DIRECTOR ADDRESS: 11317 Robert Carter Rd CITY/ST/ZIP/CO: Fairfax, VA 22039	<input 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/ PAMELA DERROW	PAMELA DERROW, EXEC DIR	4/15/2014
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.		