

1.) CORPORATION NAME: Allegro Pool Service, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS, INC. 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	DUE DATE: 2/28/2015 SCC ID NO: 06113807 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				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 3204 GINGER BREAD COURT CITY/ST/ZIP: ELLICOTT CITY, MD 21042

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: DAVID CHRISTOPHER DELEAN TITLE: PRESIDENT ADDRESS: 3204 GINGER BREAD COURT CITY/ST/ZIP/CO: ELLICOTT CITY, MD 21042	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID C DELEAN TITLE: CHIEF EX OFF ADDRESS: 3204 GINGER BREAD CT. CITY/ST/ZIP/CO: ELLICOTT CITY, MD 21042	<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.

<u>/s/ DAVID CHRISTOPHER DELEAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DAVID CHRISTOPHER DELEAN, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>2/14/2015</u> DATE
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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.