

1.) CORPORATION NAME:

Connected to Connect, Inc.

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TITUS SIMMONS
16622 DUMFRIES RD
DUMFRIES, VA**

SCC ID NO: **06136923**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16622 DUMFRIES ROAD

CITY/ST/ZIP: DUMFRIES, VA 22026

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: WILLIAM B CROOM TITLE: TREASURER ADDRESS: 14810 COURTLAND HEIGHTS ROAD CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SYLVIA E MOORE TITLE: SECRETARY ADDRESS: 115 RIVER ACRES LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22403	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAMELA K SESSOMS TITLE: CHAIRMAN ADDRESS: 16513 SPARKLING BROOK LOOP CITY/ST/ZIP/CO: DUMFRIES, VA 22025	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM C WILLIAMS TITLE: VICE CHAIRMAN ADDRESS: 15258 WATERWHEEL TERRACE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AUGUST BULLOCK TITLE: DIRECTOR ADDRESS: 260 S. REYNOLDS STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LEONARD DANIELS TITLE: DIRECTOR ADDRESS: 12724 KNIGHTSBRIDGE DRIVE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ELIZABETH FREEMAN TITLE: DIRECTOR ADDRESS: 11 OLD MINERAL ROAD CITY/ST/ZIP/CO: STAFFORD, VA 22554	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LATIESA GREEN TITLE: DIRECTOR ADDRESS: 3183 TULIP TREE PLACE CITY/ST/ZIP/CO: DUMFRIES, VA 22026	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL HOPSON TITLE: DIRECTOR ADDRESS: 3517 MAUTI COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MALAIKA JOHNSON TITLE: DIRECTOR ADDRESS: P.O. BOX 4173 CITY/ST/ZIP/CO: WOODBRIDGE, VA 22194	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITUS S SIMMONS TITLE: DIRECTOR ADDRESS: 11554 WORDSWORTH CT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LUKE E TORIAN TITLE: DIRECTOR ADDRESS: 15662 NEATH DRIVE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RON E WILLIAMS TITLE: DIRECTOR ADDRESS: 2904 WOODFERN COURT CITY/ST/ZIP/CO: LAKE RIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAURIE WILSON TITLE: DIRECTOR ADDRESS: 2883 MEDFORD DRIVE CITY/ST/ZIP/CO: DUMFRIES, VA 22026	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JONATHAN WRIGHT TITLE: DIRECTOR ADDRESS: 3082 AZALEA SANDS LANE CITY/ST/ZIP/CO: DUMFRIES, VA 22026	<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/ WILLIAM C WILLIAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM C WILLIAMS, VICE CHAIRMAN PRINTED NAME AND CORPORATE TITLE	3/27/2015 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.