

1.) CORPORATION NAME: <b>CBM Consulting Co.</b>	DUE DATE: <b>4/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CARL B MULLINS 332 STONEACRES DR VINTON, VA</b>	SCC ID NO: <b>06148985</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ROANOKE COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
COMMON	25,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 332 STONEACRES DRIVE  CITY/ST/ZIP: VINTON, VA 24179	
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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: CARL BRUCE MULLINS TITLE: PRES/TREAS ADDRESS: 332 STONEACRES DRIVE CITY/ST/ZIP/CO: VINTON, VA 24179	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: BRENDA TONE MULLINS TITLE: VP/SEC ADDRESS: 332 STONEACRES DRIVE CITY/ST/ZIP/CO: VINTON, VA 24179	<input checked="" 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/ CARL BRUCE MULLINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARL BRUCE MULLINS, PRES/TREAS PRINTED NAME AND CORPORATE TITLE	8/19/2014 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.