

1.) CORPORATION NAME: <b>Regional Computer Forensics Group, Inc.</b>	DUE DATE: <b>12/31/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LARRY B JONES 9800 BRAFFERTON RD MIDLOTHIAN, VA</b>	SCC ID NO: <b>06288377</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESTERFIELD COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9800 BRAFFERTON ROAD

CITY/ST/ZIP: MIDLOTHIAN, VA 23112

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: JEFF DEEM	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 5303 MEADOW CHASE RD				
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112				

NAME: CRAIG HARVER	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 12709 STORROW RD				
CITY/ST/ZIP/CO: RICHMOND, VA 23233				

NAME: LARRY JONES	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 9800 BRAFFERTON ROAD				
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112				

NAME: CRAIG VERKERKE	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 12010 PROVIDENT DR				
CITY/ST/ZIP/CO: LA PLATA, MD 24646				

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/ LARRY JONES	LARRY JONES, TREASURER	11/10/2015
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.