

1.) CORPORATION NAME: SLC Consulting Group, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SHARI COHEN 1220 N FILLMORE ST STE 802 ARLINGTON, VA 22201 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 2/28/2013 SCC ID NO: 06313472 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</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1220 N FILLMORE ST STE 802 CITY/ST/ZIP: ARLINGTON, VA 22201

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: SHARI COHEN TITLE: OFC/DIR ADDRESS: 1220 N FILLMORE ST STE 802 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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.

/s/ SHARI COHEN	SHARI COHEN, OFC/DIR	1/20/2013
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.