

|  |  |       |            |        |       |
|--|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>S &amp; H Management Inc.</b>  | DUE DATE: <b>10/31/2012</b>  |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>ABDUL KHALIQUE<br/>9520 LYRA CT<br/>BURKE, VA 22015</b> | SCC ID NO: <b>06468953</b>   |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX COUNTY</b>   | 5.) STOCK INFORMATION<br><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  |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |  |       |            |        |       |

|   |  |
|---|--|
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 9520 LYRA CT.<br><br>CITY/ST/ZIP: BURKE, VA 22015 |  |
|---|--|

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.

|                                 |                                     |         |                                     |          |
|---------------------------------|-------------------------------------|---------|-------------------------------------|----------|
|                                 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: ABDUL KHALIQUE            |                                     |         |                                     |          |
| TITLE: P/CEO                    |                                     |         |                                     |          |
| ADDRESS: 9520 LYRA CT.          |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: BURKE, VA 22015 |                                     |         |                                     |          |

|                                 |                                     |         |                          |          |
|---------------------------------|-------------------------------------|---------|--------------------------|----------|
|                                 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: ISMAEL KHALIQUE           |                                     |         |                          |          |
| TITLE: OFFICER                  |                                     |         |                          |          |
| ADDRESS: 9520 LYRA CT.          |                                     |         |                          |          |
| CITY/ST/ZIP/CO: BURKE, VA 22015 |                                     |         |                          |          |

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/ ABDUL KHALIQUE                                  | ABDUL KHALIQUE, P/CEO            | 10/30/2012 |
| 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.