

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

NOTICE

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06609382**

**THOMAS F. SOAPES
1035 N. PITT ST.
ALEXANDRIA, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. Box 25571

CITY/ST/ZIP: ALEXANDRIA, VA 22313

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: THOMAS F SOAPES TITLE: PRESIDENT ADDRESS: 1035 N PITT ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SALLY ANN GREER TITLE: VICE PRESIDENT ADDRESS: 501 SLATERS LANE #103 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERNIE LEHMANN TITLE: DIRECTOR ADDRESS: 621 N ST ASAPH ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTA WATERS TITLE: DIRECTOR ADDRESS: 1186 N. PITT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Frances Zorn TITLE: Treasurer ADDRESS: 400 Madison #308 CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Roger Waud TITLE: DIRECTOR ADDRESS: 501 Slaters Lane #1203 CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Patricia Ann Kaupp TITLE: Secretary ADDRESS: 501 Slaters Lane #516 CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: Howard Middleton TITLE: DIRECTOR ADDRESS: 400 Madison # 804 CITY/ST/ZIP/CO: Alexandria, VA 22314	<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/ THOMAS F SOAPES	THOMAS F SOAPES, PRESIDENT	4/22/2014
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.