

1.) CORPORATION NAME:

**Security and Compliance Incorporated**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JANE M DONNELLY  
4306 BURKE STATION RD  
FAIRFAX, VA**

SCC ID NO: **06630024**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4306 BURKE STATION RD

CITY/ST/ZIP: FAIRFAX, VA 22032-1601

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:	JANE M DONNELLY	
TITLE:	CHF FIN OFFICER	
ADDRESS:	4306 BURKE STATION RD	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PHILIP P DONNELLY	
TITLE:	OFFICER	
ADDRESS:	4306 BURKE STATION RD	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT W DONNELLY	
TITLE:	DIRECTOR	
ADDRESS:	25813 FLYAWAY CT	
CITY/ST/ZIP/CO:	SOUTH RIDING, VA 20152	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARION M DONNELLY	
TITLE:	DIRECTOR	
ADDRESS:	25813 FLYAWAY CT	
CITY/ST/ZIP/CO:	SOUTH RIDING, VA 20152	

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/ JANE M DONNELLY	JANE M DONNELLY, CHF FIN	8/8/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	OFFICER 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.