

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213554016				
1.) CORPORATION NAME: Iconic Imaging Inc.		DUE DATE: 9/30/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARIA B CHRISTOPOULOS FAIRFAX MEDICAL CENTER 10721 MAIN STREET #204 FAIRFAX, VA		SCC ID NO: 06649883				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX CITY (FILED IN FAIRFAX COUNTY)		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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 10721 MAIN ST #204 CITY/ST/ZIP: FAIRFAX, VA 22030						
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: MARIA CHRISTOPOULOS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: OFC/DIR						
ADDRESS: 10721 MAIN ST #204						
CITY/ST/ZIP/CO: FAIRFAX, VA 22030						
NAME: STAVROS A CHRISTOPOULOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: DIRECTOR						
ADDRESS: 10721 MAIN ST #204						
CITY/ST/ZIP/CO: FAIRFAX, VA 22030						
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/ MARIA CHRISTOPOULOS	MARIA CHRISTOPOULOS,	11/10/2013				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	OFC/DIR 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.						