

1.) CORPORATION NAME: CARDON CORPORATION	DUE DATE: 12/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES J ISHEE 3925 UNIVERSITY DR FAIRFAX, VA 22030	SCC ID NO: 06688949				
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>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED				
COMMON	500				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 3475 GODSPEED RD CITY/ST/ZIP: DAVIDSONVILLE, MD 21035	
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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: CAROLYN W WILSON TITLE: PRESIDENT ADDRESS: 3475 GODSPEED RD CITY/ST/ZIP/CO: DAVIDSONVILLE, MD 21035	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOHN D WILSON JR TITLE: VP/D ADDRESS: 3475 GODSPEED ROAD CITY/ST/ZIP/CO: DAVIDSONVILLE, MD 21035	<input checked="" 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/ CAROLYN W WILSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROLYN W WILSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/23/2012 DATE
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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.