

1.) CORPORATION NAME:

Allied Associates International, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PERRY C CASTO JR
5865 MANCHESTER COURT
WARRENTON, VA**

SCC ID NO: **06896708**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FAUQUIER COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	100,000
COMANV	100,000

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6801 KENNEDY ROAD
STE 302

CITY/ST/ZIP: WARRENTON, VA 20187

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: PERRY C CASTO JR TITLE: CHAIRMAN ADDRESS: 8485 Rogues Rd. CITY/ST/ZIP/CO: WARRENTON, VA 20187	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AARON W WINTERS TITLE: PRESIDENT ADDRESS: 255 FOX CHASE ST CITY/ST/ZIP/CO: WARRENTON, VA 20186	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES S ROOP TITLE: TREASURER ADDRESS: 13504 Heritage Farms Dr. CITY/ST/ZIP/CO: Gainesville, VA 20155	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MAUREEN A BAGINSKI TITLE: DIRECTOR ADDRESS: 14819 PEACH TREE LANE CITY/ST/ZIP/CO: KING GEORGE, VA 22485	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLIFFORD E MCLAIN TITLE: DIRECTOR ADDRESS: 7816 MANOR HOUSE DR CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL T MURPHY TITLE: DIRECTOR ADDRESS: 23980 WHITTEN FARM COURT CITY/ST/ZIP/CO: ALDIE, VA 20105-2771	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: THOMAS W RABAUT TITLE: DIRECTOR ADDRESS: 10604 DOGWOOD FARM LANE CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Matthew Edward Dost TITLE: SECRETARY ADDRESS: 1110 South Monroe St. CITY/ST/ZIP/CO: Arlington, VA 22204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ Matthew EdwardDost	Matthew EdwardDost,	2/3/2014
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.