

1.) CORPORATION NAME:

Allied Associates International, Inc.

DUE DATE: **2/29/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MATTHEW DOST
1110 SOUTH MONROE ST.
ARLINGTON, VA**

SCC ID NO: **06896708**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	100,000
COMANV	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8078 CRESCENT PARK DRIVE
SUITE 300

CITY/ST/ZIP: GAINESVILLE, VA 20155

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:	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:	PERRY C CASTO JR	
TITLE:	CHAIRMAN	
ADDRESS:	8485 ROGUES RD.	
CITY/ST/ZIP/CO:	WARRENTON, VA 20187	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MATTHEW EDWARD DOST	
TITLE:	SECRETARY	
ADDRESS:	1110 SOUTH MONROE ST.	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204	

	<input 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	

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
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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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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/ AARON W WINTERS	AARON W WINTERS, PRESIDENT	4/4/2016
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.