

1.) CORPORATION NAME: Hands On Events, Inc.	DUE DATE: 2/28/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RUSSELL & RUSSELL PC 282 N WASHINGTON ST STE 100 FALLS CHURCH, VA 22046	SCC ID NO: 06905921
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3006 CRANE DRIVE

CITY/ST/ZIP: FALLS CHURCH, VA 22092

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: GEORGE MAY TITLE: DIRECTOR ADDRESS: 3006 CRANE DRIVE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: HANK ARRINGTON TITLE: DIRECTOR ADDRESS: 9825 MEADOW VALLEY DR CITY/ST/ZIP/CO: VIENNA, VA 22181	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BOB OTTE TITLE: DIRECTOR ADDRESS: 2300 WHITCOMB PLACE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BRUCE SEDLAK TITLE: DIRECTOR ADDRESS: 9323 CONVENTO TERR. CITY/ST/ZIP/CO: FAIRFAX, VA 22031	<input 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/ GEORGE MAY	GEORGE MAY, DIRECTOR	1/24/2013
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.