

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214520430
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1.) CORPORATION NAME: The Solomon Benefits Group, Ltd. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SCOTT SMITH ACCUCOMP SERVICES 8190 HILLCREST DR MANASSAS, VA	DUE DATE: 3/31/2014 SCC ID NO: 06918627 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 9519 ORION CT CITY/ST/ZIP: BURKE, VA 22015

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.
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NAME: B. GRAY STEPHENSON, JR TITLE: PRESIDENT ADDRESS: 9519 ORION CT CITY/ST/ZIP/CO: BURKE, VA 22015	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SCOTT SMITH TITLE: TREASURER ADDRESS: 8190 HILLCREST DRIVE CITY/ST/ZIP/CO: MANASSAS, VA 20111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: THERESA T STEPHENSON TITLE: SECRETARY ADDRESS: 9519 ORION COURT CITY/ST/ZIP/CO: BURKE, VA 22015	<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/ B. GRAY STEPHENSON, JR	B. GRAY STEPHENSON, JR, PRESIDENT	4/21/2014
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.