

1.) CORPORATION NAME: Northern Knights Inc.	DUE DATE: 5/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM L JEROZAL 4011 BONNIE BRAE CT FREDERICKSBURG, VA	SCC ID NO: 06954572				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SPOTSYLVANIA 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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4011 BONNIE BRAE COURT

CITY/ST/ZIP: FREDERICKSBURG, VA 22407

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: WILLIAM L JEROZAL TITLE: OFFICER ADDRESS: 4011 BONNIE BRAE CT CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN P JEROZAL TITLE: DIRECTOR ADDRESS: 7573 A ORCHID DRIVE CITY/ST/ZIP/CO: SHAW AFB, SC 29152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BROOKE M MARSDEN TITLE: DIRECTOR ADDRESS: 36 THOMPSON HAY PATH CITY/ST/ZIP/CO: SETAUKET, NY 11733	<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/ WILLIAM L JEROZAL	WILLIAM L JEROZAL, OFFICER	3/28/2014
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.