

|  |   |       |            |        |        |
|--|---|-------|------------|--------|--------|
| 1.) CORPORATION NAME:<br><b>TIRE ZONE INC.</b>   | DUE DATE: <b>8/31/2014</b>  |       |            |        |        |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>BILAL ELOMARI<br/>9124 I BEAN LANE<br/>MANASSAS, VA</b> | SCC ID NO: <b>06991095</b>  |       |            |        |        |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)</b>           | 5.) STOCK INFORMATION<br><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>25,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 25,000 |
| CLASS  | AUTHORIZED  |       |            |        |        |
| COMMON   | 25,000  |       |            |        |        |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   |       |            |        |        |

|  |  |
|--|--|
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 8220 BIRCH STREET<br><br>CITY/ST/ZIP: MANASSAS, VA 20111 |  |
|--|--|

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: BILAL ELOMARI               |   |  |
| TITLE: DIRECTOR                   |   |  |
| ADDRESS: 8824 HEPNER COURT        |   |  |
| CITY/ST/ZIP/CO: BRISTOW, VA 20136 |   |  |

|                                   |   |  |
|-----------------------------------|---|--|
|                                   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: HISHAM ELOMARI              |   |  |
| TITLE: DIR                        |   |  |
| ADDRESS: 8824 HEPNER COURT        |   |  |
| CITY/ST/ZIP/CO: BRISTOW, VA 20136 |   |  |

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/ BILAL ELOMARI                                   | BILAL ELOMARI, DIRECTOR          | 11/2/2014 |
| 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.