

1.) CORPORATION NAME: <b>Discount Professional Mailers, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CHRISTINA APRIL HILLESTAD          DISCOUNT PROFESSIONAL MAILERS INC          5312 RAVENSWORTH RD          SPRINGFIELD, VA</b>	DUE DATE: <b>6/30/2015</b> SCC ID NO: <b>07102262</b> 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>200</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200
CLASS	AUTHORIZED				
COMMON	200				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5312 RAVENSWORTH ROAD CITY/ST/ZIP: SPRINGFIELD, VA 22151
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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: CHRISTINA APRIL HILLESTAD TITLE: OFFICER ADDRESS: 5312 RAVENSWORTH ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: KIRSTEN MICHELE SPLIETHOF TITLE: DIRECTOR ADDRESS: 10647 SUMMER OAK COURT CITY/ST/ZIP/CO: BURKE, VA 22015	<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/ _____	, _____	6/21/2015
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.