

1.) CORPORATION NAME:

**DOMINION BUSINESS SOLUTIONS, INC.**

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DANIEL J. MAGUIRE  
11710 PLAZA AMERICA DRIVE  
SUITE 140**

SCC ID NO: **07108467**

**RESTON, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11710 PLAZA AMERICA DR  
STE 140

CITY/ST/ZIP: RESTON, VA 20190

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:	DANIEL MAGUIRE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11710 PLAZA AMERICA DR		
	STE 140		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	RUPERT TODD BARBER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11710 PLAZA AMERICA DRIVE		
	SUITE 140		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	JOHN FOLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11710 PLAZA AMERICA DR		
	STE 140		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	GEORGE HAGSTOZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11710 PLAZA AMERICA DRIVE		
	SUITE 140		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	TODD SCHUERHOFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11710 PLAZA AMERICA DR		
	STE 140		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:                   TIMOTHY SPADAFORE TITLE:                   VICE PRESIDENT ADDRESS:               11710 PLAZA AMERICA DRIVE SUITE 140 CITY/ST/ZIP/CO:       RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME:                   JOHN CRUMRINE TITLE:                   TREASURER ADDRESS:               11710 PLAZA AMERICA DR STE 140 CITY/ST/ZIP/CO:       RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   GLEN LYLE TITLE:                   SECRETARY ADDRESS:               11710 PLAZA AMERICA DR STE 140 CITY/ST/ZIP/CO:       RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER <input 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/ JOHN CRUMRINE	JOHN CRUMRINE, TREASURER	6/11/2015
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.		