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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|------|-------|
| <b>SCC eFile</b>                                                                                                                                                                                                         | <b>2016 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 216519055                                                                                                                                                                                                 |       |            |      |       |
| 1.) CORPORATION NAME:<br><b>ACM Scallop Corporation</b>                                                                                                                                                                  |                                                                                         | DUE DATE: <b>4/30/2016</b>                                                                                                                                                                                |       |            |      |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>MICHAEL B. WARE<br/>4000 GEORGE WASHINGTON MEMORIAL HIGHWAY<br/>YORKTOWN, VA</b>                                                                                  |                                                                                         | SCC ID NO: <b>07225204</b>                                                                                                                                                                                |       |            |      |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>YORK COUNTY</b>                                                                                                                                                        |                                                                                         | 5.) STOCK INFORMATION                                                                                                                                                                                     |       |            |      |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>                                                                                                                                                                      |                                                                                         | <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>COMV</td> <td>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMV | 5,000 |
| CLASS                                                                                                                                                                                                                    | AUTHORIZED                                                                              |                                                                                                                                                                                                           |       |            |      |       |
| COMV                                                                                                                                                                                                                     | 5,000                                                                                   |                                                                                                                                                                                                           |       |            |      |       |
| 6.) PRINCIPAL OFFICE ADDRESS:                                                                                                                                                                                            |                                                                                         |                                                                                                                                                                                                           |       |            |      |       |
| ADDRESS: 4410 E CLAIBORNE SQ STE 334                                                                                                                                                                                     |                                                                                         |                                                                                                                                                                                                           |       |            |      |       |
| CITY/ST/ZIP: HAMPTON, VA 23666                                                                                                                                                                                           |                                                                                         |                                                                                                                                                                                                           |       |            |      |       |
| 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: GREGORY S FULCHER<br>TITLE: PRES/SEC/TREAS<br>ADDRESS: 353 PAGAN RIDGE<br>CITY/ST/ZIP/CO: SMITHFIELD, VA 23430                                                                                                     |                                                                                         | <input checked="" 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/ GREGORY S FULCHER                                                                                                                                                                                                    | GREGORY S FULCHER,                                                                      | 5/20/2016                                                                                                                                                                                                 |       |            |      |       |
| 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. |                                                                                         |                                                                                                                                                                                                           |       |            |      |       |