

1.) CORPORATION NAME: <b>Roberts Associates, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOEL L DAHNKE 11350 RANDOM HILLS RD STE 700  FAIRFAX, VA</b>	DUE DATE: <b>11/30/2014</b>  SCC ID NO: <b>07304157</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
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: 815 SLATERS LANE  CITY/ST/ZIP: ALEXANDRIA, VA 22314
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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: ROBIN D ROBERTS TITLE: P/S ADDRESS: 6460 KEDLESTON COURT CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: ELIZABETH B ROBERTS TITLE: VICE PRESIDENT ADDRESS: 6460 KEDLESTON CT CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/> OFFICER <input 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/ ROBIN D ROBERTS	ROBIN D ROBERTS, P/S	2/3/2015
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.