

1.) CORPORATION NAME:

SLK Accounting Services, Inc.

DUE DATE: **2/29/2012**

SCC ID NO: **07332026**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
SUSAN LUNDY KAMPSCHROR
3543 HALF MOON CIR
FALLS CHURCH, VA 22044**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3543 HALF MOON CIRCLE

CITY/ST/ZIP: FALLS CHURCH, VA 22044-

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: SUSAN LUNDY KAMPSCHROR
TITLE: DIRECTOR
ADDRESS: 3543 HALF MOON CIRCLE
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22044-

OFFICER

DIRECTOR

NAME: SUSAN LUNDY KAMPSCHROR
TITLE: PRESIDENT
ADDRESS: 3543 HALF MOON CIRCLE
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22044-

OFFICER

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/ SUSAN LUNDY KAMPSCHROR
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

SUSAN LUNDY KAMPSCHROR,
DIRECTOR
PRINTED NAME AND CORPORATE
TITLE

2/29/2012
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.