

1.) CORPORATION NAME: Professional Research Associates, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DONALD W POLLARD JR 8400 ROLLINGMIST LN CHESTERFIELD, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 4/30/2014 SCC ID NO: 07360910 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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8400 ROLLINGMIST LANE CITY/ST/ZIP: CHESTERFIELD, VA 23838
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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: DONALD W. POLLARD, JR. TITLE: PRESIDENT ADDRESS: 8400 ROLLINGMIST LANE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23838	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: NICOLLE Y. PARSONS-POLLARD TITLE: DIRECTOR ADDRESS: 8400 ROLLINGMIST LANE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23838	<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/ DONALD W. POLLARD, JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD W. POLLARD, JR., PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/25/2014 DATE
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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.