

1.) CORPORATION NAME:

Solution Matrix, Inc.

DUE DATE: **12/6/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
NICHOLAS C CONTE
10 S JEFFERSON ST
SUITE 1400**

SCC ID NO: **07427982**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

ROANOKE, VA 24011

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 60 COMMERCE ROAD

CITY/ST/ZIP: ROCKY MOUNT, VA 24151-

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:	KEITH MARSHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	60 COMMERCE ROAD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151-		
NAME:	CAMERON HARJUNG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	60 COMMERCE ROAD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151-		
NAME:	RICK SELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	60 COMMERCE ROAD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151-		
NAME:	AMY STAMM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	60 COMMERCE ROAD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151-		
NAME:	LINDA RADER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	60 COMMERCE ROAD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151-		

NAME: TERRY HARJUNG TITLE: DIRECTOR ADDRESS: 60 COMMERCE ROAD CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD SMITH TITLE: DIRECTOR ADDRESS: 60 COMMERCE ROAD CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BETH DOUGHTY TITLE: DIRECTOR ADDRESS: 60 COMMERCE ROAD CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN MCCARRIER TITLE: DIRECTOR ADDRESS: 60 COMMERCE ROAD CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES BECK TITLE: DIRECTOR ADDRESS: 60 COMMERCE ROAD CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151-	<input 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/ RICK SELL	RICK SELL, TREASURER
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE
	12/6/2011
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.	