

1.) CORPORATION NAME:

DUE DATE: **10/31/2013**

Solution Matrix, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07427982**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

ROANOKE, VA

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:	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:	RICK SELL	<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:	CHAIRMAN		
ADDRESS:	60 COMMERCE ROAD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		

NAME:	KEITH MARSHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	60 COMMERCE ROAD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		

NAME:	CHARLES BECK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	60 COMMERCE ROAD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		

NAME:	LINDA MARSHALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	60 COMMERCE ROAD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERESA HARJUNG DIRECTOR 60 COMMERCE ROAD ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROD STONE DIRECTOR 60 COMMERCE ROAD ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONH McCARRIER DIRECTOR 60 COMMERCE ROAD ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD SMITH DIRECTOR 60 COMMERCE ROAD 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/ AMY STAMM	AMY STAMM, SECRETARY	10/31/2013	
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.			