

1.) CORPORATION NAME: <b>COMPUTER MEDICAL SYSTEMS, INC.</b>	DUE DATE: <b>2/28/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>HENRY MONTI</b> <b>11200 WAPLES MILL RD #100</b> <b>FAIRFAX STATION, VA</b>	SCC ID NO: <b>07475361</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</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>1,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,500
CLASS	AUTHORIZED				
COMMON	1,500				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 11200 WAPLES MILL ROAD #100  CITY/ST/ZIP: FAIRFAX, VA 22030	
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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: HENRY F MONTI TITLE: PRESIDENT ADDRESS: 11200 WAPLES MILL RD #100 CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22030	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: JAMES BURTON TITLE: DIRECTOR ADDRESS: 11200 WAPLES MILL RD #100 CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22030	<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/ HENRY F MONTI	HENRY F MONTI, PRESIDENT	1/20/2015
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.