

1.) CORPORATION NAME: <b>SHADY GROUP, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ADEL A SHADY          337 VICTORY DR          HERNDON, VA 20170</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>9/1/2012</b> SCC ID NO: <b>07483787</b> 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>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED				
COMMON	500				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 337 victory dr CITY/ST/ZIP: herndon, VA 20170	
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ADEL A SHADY TITLE: PRESIDENT ADDRESS: 337 Victory Dr CITY/ST/ZIP/CO: Herndon, VA 20170		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Adel A Shady TITLE: PRESIDENT ADDRESS: 337 Victory Dr CITY/ST/ZIP/CO: Herndon, VA 20170		

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/ Adel AShady	Adel AShady,	9/1/2012
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.