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|--|---|--|-------|------------|--------|--------|
| <b>SCC eFile</b>   | <b>2013 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 213507292  |       |            |        |        |
| 1.) CORPORATION NAME:<br><b>Electronic DuraSure Company</b>  |   | DUE DATE: <b>2/13/2013</b>   |       |            |        |        |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>KEVIN T OLIVEIRA<br/>1775 WIEHLE AVENUE STE 400<br/>RESTON, VA 20190-5159</b>   |   | SCC ID NO: <b>07537145</b>   |       |            |        |        |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX COUNTY</b>   |   | 5.) STOCK INFORMATION  |       |            |        |        |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   | <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>25,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 25,000 |
| CLASS  | AUTHORIZED  |  |       |            |        |        |
| COMMON   | 25,000  |  |       |            |        |        |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 14304 CHALFONT DR<br><br>CITY/ST/ZIP: HAYMARKET, VA 20169  |   |  |       |            |        |        |
| 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: TIMOTHY DURAY<br>TITLE: PRESIDENT<br>ADDRESS: 14304 CHALFONT DR<br>CITY/ST/ZIP/CO: HAYMARKET, VA 20169   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |        |
| NAME: TIMOTHY DURAY<br>TITLE: TREASURER<br>ADDRESS: 14304 CHALFONT DR<br>CITY/ST/ZIP/CO: HAYMARKET, VA 20169   | <input checked="" type="checkbox"/> OFFICER   | <input type="checkbox"/> DIRECTOR  |       |            |        |        |
| NAME: TIMOTHY DURAY<br>TITLE: SECRETARY<br>ADDRESS: 14304 CHALFONT DR<br>CITY/ST/ZIP/CO: HAYMARKET, VA 20169   | <input checked="" type="checkbox"/> OFFICER   | <input 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/ TIMOTHY DURAY  | TIMOTHY DURAY, PRESIDENT  | 2/13/2013  |       |            |        |        |
| 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. |   |  |       |            |        |        |