

1.) CORPORATION NAME: <b>KAP CONSULTING INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KAPIL SHAH          41819 INSPIRATION TER          ALDIE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LOUDOUN COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>10/31/2013</b> SCC ID NO: <b>07568645</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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:
ADDRESS: 41819 INSPIRATION TER CITY/ST/ZIP: ALDIE, VA 20105

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: KAPIL SHAH TITLE: DIRECTOR ADDRESS: 41819 INSPIRATION TER CITY/ST/ZIP/CO: ALDIE, VA 20105	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: Kapil Shah TITLE: PRESIDENT ADDRESS: 41819 Inspiration Terrace CITY/ST/ZIP/CO: Aldie, VA 20105	<input checked="" type="checkbox"/> OFFICER <input 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/ KAPIL SHAH	KAPIL SHAH, DIRECTOR	1/6/2014
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.