

1.) CORPORATION NAME: <b>A C Smith Incorporated</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CLIFTON E SMITH          5771 RAYBURN AVE          APT 162            ALEXANDRIA, VA 22311</b>	DUE DATE: <b>12/8/2012</b> SCC ID NO: <b>07577307</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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 5771 RAYBURN AVE CITY/ST/ZIP: ALEXANDRIA, VA 22311	
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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.
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NAME: ALLISON L SMITH TITLE: PRESIDENT ADDRESS: 5771 RAYBURN AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: CLIFTON E SMITH TITLE: PRESIDENT ADDRESS: 5771 RAYBURN AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311	<input checked="" 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/ ALLISON L SMITH	ALLISON L SMITH, PRESIDENT	12/8/2012
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.