

1.) CORPORATION NAME: <b>One Stop Pest Services, Inc.</b>	DUE DATE: <b>3/31/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MARVIN GOODMAN 2912 B S 16TH RD ARLINGTON, VA</b>	SCC ID NO: <b>07620172</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ARLINGTON COUNTY</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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 901 SOUTH HIGHLAND STREET, SUITE 321  CITY/ST/ZIP: ARLINGTON, VA 22204	
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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: MARVIN MANIN GOODMAN TITLE: PRESIDENT ADDRESS: 2912B SOUTH 16TH ROAD PO BOX 4151 CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: MARVIN MANIN GOODMAN TITLE: DIRECTOR ADDRESS: PO BOX 4151 CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<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/ MARVIN MANIN GOODMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARVIN MANIN GOODMAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/18/2016 DATE
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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.