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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214517831 | | | | |
| 1.) CORPORATION NAME: F&B Consulting Group, Ltd. | | DUE DATE: 4/30/2014 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHELLE FIORELLINO 41971 TREE SIDE PLACE ASHBURN, VA | | SCC ID NO: 07638125 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY | | 5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 20,000 |
| CLASS | AUTHORIZED | | | | | |
| COMMON | 20,000 | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | | | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 41971 TREE SIDE PLACE CITY/ST/ZIP: ASHBURN, VA 20148 | | | | | | |
| 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: MICHELLE FIORELLINO TITLE: DIRECTOR ADDRESS: 41971 TREE SIDE PLACE CITY/ST/ZIP/CO: ASHBURN, VA 20148 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | | |
| NAME: MARIO FIORELLINO TITLE: PRESIDENT ADDRESS: 41971 TREE SIDE PLACE CITY/ST/ZIP/CO: ASHBURN, VA 20148 | <input checked="" type="checkbox"/> OFFICER | <input checked="" 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/ MARIO FIORELLINO | MARIO FIORELLINO, PRESIDENT | 4/2/2014 | | | | |
| 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. | | | | | | |