

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215531524
1.) CORPORATION NAME: <b>MIS SHARE</b>		DUE DATE: <b>5/31/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DONNA MATZ 6618 MCCAMBELL CLUSTER CENTREVILLE, VA</b>		SCC ID NO: <b>07652738</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 6618 MCCAMBELL CLUSTER  CITY/ST/ZIP: Centreville, VA 20120		
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: DONNA MATZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: PRESIDENT		
ADDRESS: 6618 MCCAMBELL CLUSTER		
CITY/ST/ZIP/CO: CENTREVILLE, VA 20120		
NAME: DONNA GAVIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: VICE PRESIDENT		
ADDRESS: 21565 GLEBE VIEW DR		
CITY/ST/ZIP/CO: BROADLANDS, VA 20148		
NAME: LUCY GRAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: SECRETARY		
ADDRESS: 7012 DREAMS WAY CT		
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22315		
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/ LUCY GRAY	LUCY GRAY, SECRETARY	8/26/2015
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.		