

1.) CORPORATION NAME: <b>CTi NOVA Incorporated</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOHN MARSHALL BARNES          15200 DUMFRIES ROAD          MANASSAS, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PRINCE WILLIAM COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>9/30/2014</b> SCC ID NO: <b>07688682</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>3,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	3,000
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6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 15200 DUMFRIES ROAD CITY/ST/ZIP: MANASSAS, VA 20112
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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: JOHN MARSHALL BARNES TITLE: DIRECTOR ADDRESS: 15200 DUMFRIES ROAD CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: ROD ALLEN OSBORNE TITLE: DIRECTOR ADDRESS: 10971 WILD GINGER CIRCLE #102 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<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/ JOHN MARSHALL BARNES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN MARSHALL BARNES, DIRECTOR PRINTED NAME AND CORPORATE TITLE	10/9/2014 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.