

1.) CORPORATION NAME:

**MG-IP LAW, P.C.**

DUE DATE: **4/22/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOE MCKINNEY MUNCY  
4000 LEGATO RD STE 310  
FAIRFAX, VA**

SCC ID NO: **07728124**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4000 Legato Rd  
Suite 310

CITY/ST/ZIP: Fairfax, VA 22033

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.

<p>NAME: Joe M Muncy TITLE: PRESIDENT ADDRESS: 4000 Legato Rd Suite 310 CITY/ST/ZIP/CO: Fairfax, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Martin R Geissler TITLE: VICE PRESIDENT ADDRESS: 4000 Legato Rd Suite 310 CITY/ST/ZIP/CO: Fairfax, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Mark E Olds TITLE: DIRECTOR ADDRESS: 4000 Legato Rd Suite 310 CITY/ST/ZIP/CO: Fairfax, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Scott L Lowe TITLE: DIRECTOR ADDRESS: 4000 Legato Rd Suite 310 CITY/ST/ZIP/CO: Fairfax, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: John Ciccozzi TITLE: DIRECTOR ADDRESS: 4000 Legato Rd Suite 310 CITY/ST/ZIP/CO: Fairfax, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Daniel Podhajny TITLE: DIRECTOR ADDRESS: 4000 Legato Rd Suite 310 CITY/ST/ZIP/CO: Fairfax, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kristina Hess TITLE: TREASURER ADDRESS: 4000 Legato Rd Suite 310 CITY/ST/ZIP/CO: Fairfax, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input 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/ Kristina Hess SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Kristina Hess, TREASURER PRINTED NAME AND CORPORATE TITLE	4/22/2014 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.		