

1.) CORPORATION NAME: <b>MMPS, INC.</b>  2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENTS INC.          4445 CORPORATION LANE          STE 264           VIRGINIA BEACH, VA</b>  3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>VIRGINIA BEACH CITY</b>  4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>3/31/2016</b>  SCC ID NO: <b>07760648</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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
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6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 5411 39TH STREET, NW  CITY/ST/ZIP: WASHINGTON, DC 20015
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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: PATRICK STRAUSS TITLE: PRESIDENT ADDRESS: 5411 39TH STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20015	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MARY STRAUSS TITLE: DIRECTOR ADDRESS: 5411 39TH STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20015	<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/ PATRICK STRAUSS	PATRICK STRAUSS, PRESIDENT	2/9/2016
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.