

1.) CORPORATION NAME:

JOSEPH J. MAGNOLIA, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VIRGINIA REGISTERED AGENTS LLC
201 N. UNION STREET
SUITE 230**

SCC ID NO: **F0141798**

ALEXANDRIA, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 GALLATIN STREET, NE

CITY/ST/ZIP: WASHINGTON, DC 20017

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: | JOSEPH M MAGNOLIA | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 8181 WINDWARD KEY | | |
| CITY/ST/ZIP/CO: | CHESAPEAKE BEACH, MD 20732 | | |
| NAME: | JOHN D MAGNOLIA | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 559 SAWMILL RD | | |
| CITY/ST/ZIP/CO: | CROWNSVILLE, MD 21032 | | |
| NAME: | CHRISTIAN D'ARCY MAGNOLIA | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 8401 JANDY AVENUE | | |
| CITY/ST/ZIP/CO: | LAUREL, MD 20723 | | |
| NAME: | DOMINIC D. MAGNOLIA | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 3405 JENNINGS CHAPEL ROAD | | |
| CITY/ST/ZIP/CO: | WOODBINE, MD 21797 | | |
| NAME: | THOMAS GAMBRIEL | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 12605 QUOTING POET COURT | | |
| CITY/ST/ZIP/CO: | BOWIE, MD 20720 | | |
| NAME: | JOSEPH M MAGNOLIA, JR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 12415 SNUG HARBOR ROAD | | |
| CITY/ST/ZIP/CO: | BERLIN, MD 21811 | | |

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.

| | | |
|--|---|---------------------------|
| <u>/s/ CHRISTIAN D'ARCY MAGNOLIA</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>CHRISTIAN D'ARCY MAGNOLIA, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE | <u>12/20/2013</u> 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.