

1.) CORPORATION NAME: WASHINGTON AIR COMPRESSOR RENTAL CO.	DUE DATE: 3/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RICHARD F BODDIE 5400 SHAWNEE ROAD, SUITE 300 ALEXANDRIA, VA	SCC ID NO: F0263899
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: DC	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12529 PARKLAWN DRIVE
CITY/ST/ZIP: ROCKVILLE, MD 20852

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: ALBERT E STECKLEIN JR TITLE: PRESIDENT ADDRESS: 13001 RIVER RD CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ALBERT E. STECKLEIN, III TITLE: VICE PRESIDENT ADDRESS: 9001 KIRKDALE RD CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: STEPHEN J. STECKLEIN TITLE: EVP ADDRESS: 5004 BROOKWAY DRIVE CITY/ST/ZIP/CO: BETHESDA, MD 20816	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KATHLEEN R STECKLEIN TITLE: SECRETARY ADDRESS: 13001 RIVER ROAD CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/>	OFFICER	<input checked="" 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/ STEPHEN J. STECKLEIN	STEPHEN J. STECKLEIN, EVP	5/20/2013
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.