

1.) CORPORATION NAME:

NAFCU SERVICE CORPORATION

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**POTOMAC PROGRAMS INC
4031 UNIVERSITY DRIVE STE 200
FAIRFAX, VA**

SCC ID NO: **F0340838**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:
DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3138 N 10TH ST

CITY/ST/ZIP: ARLINGTON, VA 22201

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.

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | RANDY SALSER | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 3138 NORTH 10TH ST | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22201 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | RICHARD HARRIS | |
| TITLE: | TREASURER | |
| ADDRESS: | PO BOX 11001 | |
| CITY/ST/ZIP/CO: | LA CANADA, CA 91012 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | B. DAN BERGER | |
| TITLE: | CHAIR/CEO | |
| ADDRESS: | 3138 NORTH ST | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22201 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JEANNE KUCEY | |
| TITLE: | SECRETARY | |
| ADDRESS: | PO BOX 5487 | |
| CITY/ST/ZIP/CO: | MIAMI LAKES, FL 33014 | |

| | | |
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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ED TEMPLETON | |
| TITLE: | VICE CHAIRMAN | |
| ADDRESS: | PO BOX 6730 | |
| CITY/ST/ZIP/CO: | NORTH AUGUSTA, SC 29861 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | MARTIN BRELAND | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 7901 SANDY SPRING RD. | |
| CITY/ST/ZIP/CO: | LAUREL, MD 21035 | |

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/ RANDY SALSER | RANDY SALSER, PRESIDENT | 10/30/2013 |
| 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. | | |