

1.) CORPORATION NAME: CAPRON COMPANY, INC.	DUE DATE: 8/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT F. KOENIG 6819 ELM STREET MCLEAN, VA	SCC ID NO: F0370173
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: MD	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 411 NORTH STONESTREET AVE
CITY/ST/ZIP: ROCKVILLE, MD 20850

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: JAMES B CAPRON TITLE: PRESIDENT ADDRESS: 16651 BATCHELORS FOREST ROAD CITY/ST/ZIP/CO: OLNEY, MD 20832	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERT L HARTGE JR TITLE: VICE PRESIDENT ADDRESS: 1308 WEST RIVER ROAD CITY/ST/ZIP/CO: SHADYSIDE, MD 20764	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PAMELA K CARLTON TITLE: SEC/TREAS ADDRESS: 11513 SULLNICK WAY CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERT F KOENIG TITLE: DIRECTOR ADDRESS: 1512 TWISTING TREE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input 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/ PAMELA K CARLTON	PAMELA K CARLTON, SEC/TREAS	6/28/2013
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.