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| SCC eFile | 2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 212531416 | | | | |
| 1.) CORPORATION NAME: Bates Engineers/Contractors, Inc. | | DUE DATE: 8/31/2012 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH, LTD. 250 BROWNS HILL COURT MIDLOTHIAN, VA 23114 | | SCC ID NO: F0391260 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY | | 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>1,500</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,500 |
| CLASS | AUTHORIZED | | | | | |
| COMMON | 1,500 | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: GA | | | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 210 AIRPORT ROAD CITY/ST/ZIP: BAINBRIDGE, GA 39817 | | | | | | |
| 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: STEVEN M. LEE TITLE: PRESIDENT ADDRESS: P.O. BOX 846 CITY/ST/ZIP/CO: BAINBRIDGE, GA 39818 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | | |
| NAME: JASON M LEE TITLE: VP/T/S ADDRESS: PO BOX 846 CITY/ST/ZIP/CO: BAINBRIDGE, GA 39818 | <input checked="" type="checkbox"/> OFFICER | <input 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/ STEVEN M. LEE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | STEVEN M. LEE, PRESIDENT PRINTED NAME AND CORPORATE TITLE | 8/17/2012 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. | | | | | | |