

1.) CORPORATION NAME:

**LERCH, EARLY & BREWER, CHARTERED, P.C. (USED INVA
BY: LERCH, EARLY & BREWER, CHARTERED)**

DUE DATE: **7/31/2013**

SCC ID NO: **F0549289**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**USA AGENTS.COM LLC
2331 MILL ROAD
SUITE 100**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

ALEXANDRIA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3 BETHESDA METRO CENTER
SUITE 460

CITY/ST/ZIP: BETHESDA, MD 20814

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:	ROBERT G. BREWER JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	105 GRAFTON ST		
CITY/ST/ZIP/CO:	CHEVY CHASE, MD 20815		

NAME:	ARTHUR F LAFIONATIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2908 TERRACE DRIVE		
CITY/ST/ZIP/CO:	CHEVY CHASE, MD 20815		

NAME:	CINDI E COHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	302 AINSTREE COURT NE		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		

NAME:	JASON E. FISHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13236 MOONLIGHT TRAIL DRIVE		
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20906		

NAME:	LAWRENCE G. LERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11704 LOVEJOY STREET		
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20902		

NAME:	DEBORAH E REISER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11920 RENWOOD LANE		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20852		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Theodore R. Goldstock DIRECTOR 9320 Elmhirst Drive Bethesda, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steve A. Robbins DIRECTOR 11601 Broad Green Court Potomac, MD 20854	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CINDI E COHEN	CINDI E COHEN, SECRETARY	7/31/2013
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.