

1.) CORPORATION NAME:

LEA+ELLIOTT, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PHILIP C CASTELLANA
44965 AVIATION DR STE 290
DULLES, VA 20166**

SCC ID NO: **F1034414**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44965 AVIATION DR STE 290

CITY/ST/ZIP: DULLES, VA 20166

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.

<p>NAME: JOHN J NORTON TITLE: PRESIDENT ADDRESS: 2704 MEADOWVIEW DR CITY/ST/ZIP/CO: COLLEYVILLE, TX 76034</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: HUY P HUYNH TITLE: VICE PRESIDENT ADDRESS: 9823 VIA SONOMA CITY/ST/ZIP/CO: CYPRESS, CA 90630</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HARLEY L MOORE TITLE: VICE PRESIDENT ADDRESS: 1100 DOLORES ST6365 Collins Ave. #2907 CITY/ST/ZIP/CO: Miami Beach, FL 33141</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT W FALVEY TITLE: SECRETARY ADDRESS: 7615 POINTVIEW CR CITY/ST/ZIP/CO: ORLANDO, FL 32836</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MONA L HAYFORD TITLE: T/D ADDRESS: 35 FANTASIA ROAD CITY/ST/ZIP/CO: INWOOD, WV 24528</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PHILIP C. CASTELLANA TITLE: DIRECTOR ADDRESS: 43248 WAYSIDE CIRCLE CITY/ST/ZIP/CO: ASHBURN, VA 20147</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	DIANE WOODEND JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3715 MOCKINGBIRD LANE		
CITY/ST/ZIP/CO:	DALLAS, TX 75205		

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/ MONA L HAYFORD	MONA L HAYFORD, T/D	1/18/2013
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.