

1.) CORPORATION NAME:

**SHULMAN, ROGERS, GANDAL, PORDY & ECKER, P.A.,P.C.**

**(USED IN VA BY: SHULMAN, ROGERS, GANDAL, PORD**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GREGORY D GRANT  
1600 TYSONS BLVD STE 200  
MCLEAN, VA**

DUE DATE: **6/30/2013**

SCC ID NO: **F1043597**

5.) STOCK INFORMATION

|       |            |
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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12505 PARK POTOMAC AVE  
6TH FL

CITY/ST/ZIP: POTOMAC, MD 20854

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:           | Donald R Rogers   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT   |   |  |
| ADDRESS:        | 12505 PARK POTOMAC AVE<br>6TH FL<br>POTOMAC, MD 20854         |   |  |
| CITY/ST/ZIP/CO: |   |   |  |
| NAME:           | SAMUEL M SPIRITOS   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR  |   |  |
| ADDRESS:        | 12505 PARK POTOMAC AVE<br>6TH FLOOR<br>POTOMAC, MD 20854      |   |  |
| CITY/ST/ZIP/CO: |   |   |  |
| NAME:           | DAVID A PORDY   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | Sec/Treasurer   |   |  |
| ADDRESS:        | 12505 PARK POTOMAC AVE<br>6TH FL<br>POTOMAC, MD 20854         |   |  |
| CITY/ST/ZIP/CO: |   |   |  |
| NAME:           | GLENN C ETELSON   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR  |   |  |
| ADDRESS:        | 12505 PARK POTOMAC AVENUE<br>SIXTH FLOOR<br>POTOMAC, MD 20854 |   |  |
| CITY/ST/ZIP/CO: |   |   |  |
| NAME:           | KEVIN P KENNEDY   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR  |   |  |
| ADDRESS:        | 12505 PARK POTOMAC AVENUE<br>SIXTH FLOOR<br>POTOMAC, MD 20854 |   |  |
| CITY/ST/ZIP/CO: |   |   |  |

|  |  |  |
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| NAME: MICHAEL V NAKAMURA<br>TITLE: DIRECTOR<br>ADDRESS: 12505 PARK POTOMAC AVENUE<br>SIXTH FLOOR<br>CITY/ST/ZIP/CO: POTOMAC, MD 20854  | <input type="checkbox"/> OFFICER                               | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Jay M Eisenberg<br>TITLE: DIRECTOR<br>ADDRESS: 12505 Park Potomac Ave<br>6th FL<br>CITY/ST/ZIP/CO: Potomac, MD 20854   | <input type="checkbox"/> OFFICER                               | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Kim Viti-Fiorentino<br>TITLE: DIRECTOR<br>ADDRESS: 12505 Park Potomac Ave<br>6th FL<br>CITY/ST/ZIP/CO: Potomac, MD 20854   | <input type="checkbox"/> OFFICER                               | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Gregory D Grant<br>TITLE: DIRECTOR<br>ADDRESS: 12505 Park Potomac Ave<br>6th Fl<br>CITY/ST/ZIP/CO: Potomac, MD 20854   | <input type="checkbox"/> OFFICER                               | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Alan S Tilles<br>TITLE: DIRECTOR<br>ADDRESS: 12505 Park Potomac Ave<br>6th Fl<br>CITY/ST/ZIP/CO: Potomac, MD 20854   | <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/ Donald R Rogers<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | Donald R Rogers, PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE | 5/14/2013<br>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. |  |  |