

1.) CORPORATION NAME: <b>WALTON MANAGEMENT CORPORATION</b>	DUE DATE: <b>3/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>RONALD E WALTON 1058 CARPER ST MCLEAN, VA</b>	SCC ID NO: <b>F1048414</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DC</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1058 CARPER STREET  CITY/ST/ZIP: MCLEAN, VA 22101	
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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: RONALD E WALTON TITLE: PRESIDENT ADDRESS: 1058 CARPER STREET CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: NANCY L. WALTON TITLE: SEC/TREAS ADDRESS: 1058 CARPER STREET CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JENNIFER N HOOD TITLE: DIRECTOR ADDRESS: 1688 OAKTREE CT CITY/ST/ZIP/CO: RESTON, VA 20194	<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/ RONALD E WALTON	RONALD E WALTON, PRESIDENT	4/28/2015
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.