

1.) CORPORATION NAME: <b>Michael Graves &amp; Associates, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY          Bank of America Center, 16th Floor          1111 East Main Street</b>  <b>RICHMOND, VA</b>  3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>  4.) STATE OR COUNTRY OF INCORPORATION: <b>NJ</b>	DUE DATE: <b>12/31/2013</b>  SCC ID NO: <b>F1103532</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMV</td> <td>2,500</td> </tr> <tr> <td>COMNV</td> <td>2,500</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMV	2,500	COMNV	2,500
CLASS	AUTHORIZED						
COMV	2,500						
COMNV	2,500						

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 341 NASSAU ST  CITY/ST/ZIP: PRINCETON, NJ 08540
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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: MICHAEL GRAVES TITLE: P/T ADDRESS: 341 NASSAU ST CITY/ST/ZIP/CO: PRINCETON, NJ 08540	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KAREN V NICHOLS TITLE: SECRETARY ADDRESS: 341 NASSAU ST CITY/ST/ZIP/CO: PRINCETON, NJ 08540	<input checked="" type="checkbox"/> OFFICER	<input 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/ KAREN V NICHOLS	KAREN V NICHOLS, SECRETARY	10/30/2013
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.