

1.) CORPORATION NAME:

VALUE-ADDED COMMUNICATIONS, INC.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA**

SCC ID NO: **F1107251**

5.) STOCK INFORMATION

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

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12021 SUNSET HILLS ROAD
SUITE 100

CITY/ST/ZIP: RESTON, VA 20190

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:	BRIAN OLIVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12021 SUNSET HILLS ROAD		
	SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	JEFFERY B HAIDINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12021 SUNSET HILLS ROAD		
	SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	STEVE YOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2609 CAMERON STREET		
CITY/ST/ZIP/CO:	MOBILE, AL 36607		

NAME:	TERESA RIDGEWAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2609 CAMERON STREET		
CITY/ST/ZIP/CO:	MOBILE, AL 36607		

NAME:	PAUL ROSSETTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	12021 SUNSET HILLS ROAD		
	SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	MATTHEW LEVINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12021 SUNSET HILLS ROAD		
	SUITE 100		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME: KEVIN PENN TITLE: DIRECTOR ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BLAIR LEVIN TITLE: DIRECTOR ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WAYNE CALABRESE TITLE: DIRECTOR ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190	<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/ TERESA RIDGEWAY	TERESA RIDGEWAY, SECRETARY	5/19/2013
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.		