

1.) CORPORATION NAME:

VALUE-ADDED COMMUNICATIONS, INC.

DUE DATE: **5/31/2014**

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
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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.

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

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

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

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

NAME: MATTHEW LEVINE 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: BRIAN OLIVER 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: 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	
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/ JEFFERY B HAIDINGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFERY B HAIDINGER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/15/2014 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.		