

1.) CORPORATION NAME:

**VALUE-ADDED COMMUNICATIONS, INC.**

DUE DATE: **5/31/2015**

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				
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				
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				
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				
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
NAME:	BLAIR LEVIN				
TITLE:	DIRECTOR				
ADDRESS:	12021 SUNSET HILLS ROAD				
	SUITE 100				
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/ TERESA RIDGEWAY	TERESA RIDGEWAY, SECRETARY	5/15/2015
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.		