

1.) CORPORATION NAME: **B&B AIR CONDITIONING & HEATING SERVICE COMPANY, INC.** DUE DATE: **1/31/2014**  
 SCC ID NO: **F1130196**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **SOK C MUN  
2816 DORR AVENUE  
FAIRFAX, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE: **FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION: **MD**

6.) PRINCIPAL OFFICE ADDRESS:  
 ADDRESS: 12324 WILKINS AVENUE  
 CITY/ST/ZIP: ROCKVILLE, MD 20852

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.

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|--|---|--|
| NAME: LOUIS C COPELAND<br>TITLE: PRESIDENT<br>ADDRESS: 12324 WILKINS AVENUE<br>CITY/ST/ZIP/CO: ROCKVILLE, MD 20852 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|--|

|   |   |  |
|---|---|--|
| NAME: JAMES BROWN<br>TITLE: VP/GM<br>ADDRESS: 12324 WILKINS AVENUE<br>CITY/ST/ZIP/CO: ROCKVILLE, MD 20852 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|---|--|

|  |   |  |
|--|---|--|
| NAME: MERLE E BURNS<br>TITLE: VP/ADVERTISING<br>ADDRESS: 12324 WILKINS AVENUE<br>CITY/ST/ZIP/CO: ROCKVILLE, MD 20852 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|--|

|  |   |  |
|--|---|--|
| NAME: WILLIAM M WILLIAMS<br>TITLE: EXEC VP<br>ADDRESS: 12324 WILKINS AVENUE<br>CITY/ST/ZIP/CO: ROCKVILLE, MD 20852 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|--|

|  |   |  |
|--|---|--|
| NAME: JANE A QUEEN<br>TITLE: BD CHAIRMAN<br>ADDRESS: 12324 WILKINS AVENUE<br>CITY/ST/ZIP/CO: ROCKVILLE, MD 20852 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|--|

|  |   |  |
|--|---|--|
| NAME: ROBIN L RHODES<br>TITLE: VP/GM<br>ADDRESS: 12324 WILKINS AVENUE<br>CITY/ST/ZIP/CO: ROCKVILLE, MD 20852 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|--|

|                 |                        |   |  |
|-----------------|------------------------|---|--|
| NAME:           | SOK C MUN              | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VP/GM                  |   |  |
| ADDRESS:        | 12324 WILKINS AVENUE   |   |  |
| CITY/ST/ZIP/CO: | ROCKVILLE, MD 20852    |   |  |
| NAME:           | DAVID M FIORE          | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VP/GM                  |   |  |
| ADDRESS:        | 12324 WILKINS AVENUE   |   |  |
| CITY/ST/ZIP/CO: | ROCKVILLE, MD 20852    |   |  |
| NAME:           | CHRISTOPHER F GHANAYEM | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VP/GM                  |   |  |
| ADDRESS:        | 12324 WILKINS AVENUE   |   |  |
| CITY/ST/ZIP/CO: | ROCKVILLE, MD 20852    |   |  |
| NAME:           | KENNETH J DYSON        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VP/GM                  |   |  |
| ADDRESS:        | 12324 WILKINS AVENUE   |   |  |
| CITY/ST/ZIP/CO: | ROCKVILLE, MD 20852    |   |  |
| NAME:           | THOMAS J DEIMLER       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VP/GM                  |   |  |
| ADDRESS:        | 12324 WILKINS AVENUE   |   |  |
| CITY/ST/ZIP/CO: | ROCKVILLE, MD 20852    |   |  |
| NAME:           | CAROL J ROGERS         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SEC/TREAS              |   |  |
| ADDRESS:        | 12324 WILKINS AVENUE   |   |  |
| CITY/ST/ZIP/CO: | ROCKVILLE, MD 20852    |   |  |
| NAME:           | JENNIFER L FIORE       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | COMPTROLLER            |   |  |
| ADDRESS:        | 12324 WILKINS AVENUE   |   |  |
| CITY/ST/ZIP/CO: | ROCKVILLE, MD 20852    |   |  |
| NAME:           | HOLLY DEMORY           | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | COMPTROLLER            |   |  |
| ADDRESS:        | 12324 WILKINS AVENUE   |   |  |
| CITY/ST/ZIP/CO: | ROCKVILLE, MD 20852    |   |  |
| NAME:           | PAUL E COPELAND        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | COMPTROLLER            |   |  |
| ADDRESS:        | 12324 WILKINS AVENUE   |   |  |
| CITY/ST/ZIP/CO: | ROCKVILLE, MD 20852    |   |  |

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/ CAROL J ROGERS                                  | CAROL J ROGERS, SEC/TREAS        | 1/28/2014 |
| 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.