

1.) CORPORATION NAME:

EDIFICE, INC.

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1151598**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 36349

CITY/ST/ZIP: CHARLOTTE, NC 28236

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: N. ERIC LASTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: PRES/CEO/TREAS		
ADDRESS: PO BOX 36349		
CITY/ST/ZIP/CO: CHARLOTTE, NC 28236		
NAME: ROSELLEN H TUTTLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: ASST SEC		
ADDRESS: PO BOX 36349		
CITY/ST/ZIP/CO: CHARLOTTE, NC 28236		
NAME: TOD CREECH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: CFO		
ADDRESS: PO BOX 36349		
CITY/ST/ZIP/CO: CHARLOTTE, NC 28236		
NAME: KIM LASTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: SECRETARY		
ADDRESS: PO BOX 36349		
CITY/ST/ZIP/CO: CHARLOTTE, NC 28236		

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/ TOD CREECH	TOD CREECH, CFO	9/23/2015
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.