

1.) CORPORATION NAME: <b>Revels Contracting Services, Inc.</b>	DUE DATE: <b>4/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL CORPORATE RESEARCH, LTD. 250 BROWNS HILL COURT MIDLOTHIAN, VA</b>	SCC ID NO: <b>F1266933</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESTERFIELD COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>NC</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 5620 GALLAGHER DRIVE  CITY/ST/ZIP: GASTONIA, NC 28052	
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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: JAMES G REVELS TITLE: PRESIDENT ADDRESS: HAMPTON OAKS LN CITY/ST/ZIP/CO: CHARLOTTE, NC 28270	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ANGELA R CRISP TITLE: TREASURER ADDRESS: 1452 ALEXIS HIGH SHOALS ROAD CITY/ST/ZIP/CO: DALLAS, NC 28034	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JAMES G. BROWN TITLE: ASST SECRETARY ADDRESS: 1280 CARPENTER SPRINGS DRIVE CITY/ST/ZIP/CO: DALLAS, NC 28034	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JAMES E. REVELS TITLE: SECRETARY ADDRESS: 15 WRIGHT AVE CITY/ST/ZIP/CO: YORK, SC 29745	<input checked="" type="checkbox"/>	OFFICER	<input 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/ JAMES G REVELS	JAMES G REVELS, PRESIDENT	4/30/2013
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.