

<p>1.) CORPORATION NAME: <b>CAMPBELL FINANCIAL &amp; INSURANCE SERVICES, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>E JO ROBERTSON 2960 STRATHMEADE ST FALLS CHURCH, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b></p>	<p>DUE DATE: <b>6/30/2014</b></p> <p>SCC ID NO: <b>F1393059</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 17977 DUMFRIES CIRCLE

CITY/ST/ZIP: OLNEY, MD 20832

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: GREGORY CAMPBELL TITLE: P/T ADDRESS: 17977 DUMFRIES CIRCLE CITY/ST/ZIP/CO: OLNEY, MD 20832	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JAMES CAMPBELL TITLE: SECRETARY ADDRESS: 17977 DUMFRIES CIRCLE CITY/ST/ZIP/CO: OLNEY, MD 20832	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: E J ROBERTSON TITLE: Director ADDRESS: 2960 STRATHMEADE STREET CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042	<input checked="" 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/ GREGORY CAMPBELL	GREGORY CAMPBELL, P/T	6/19/2014
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.