

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214504861
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1.) CORPORATION NAME: <b>Fichtner Services Inc.</b>	DUE DATE: <b>2/28/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KATHERINE S FICHTNER 14961 LARGO VISTA DR HAYMARKET, VA</b>	SCC ID NO: <b>F1411752</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PRINCE WILLIAM COUNTY</b>	5.) STOCK INFORMATION <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>60,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	60,000
CLASS	AUTHORIZED				
COMMON	60,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>MI</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4807 MAURINE CT.  
CITY/ST/ZIP: GAINESVILLE, VA 20155

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 checked="" type="checkbox"/> DIRECTOR
NAME: JOHN M FICHTNER		
TITLE: PRESIDENT		
ADDRESS: 4807 MAURINE CT.		
CITY/ST/ZIP/CO: GAINESVILLE, VA 20155		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHY FICHTNER		
TITLE: S/T		
ADDRESS: 4807 MAURINE CT.		
CITY/ST/ZIP/CO: GAINESVILLE, VA 20155		

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/ KATHY FICHTNER	KATHY FICHTNER, S/T	1/22/2014
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.