

1.) CORPORATION NAME:

PLEXUS SCIENTIFIC CORPORATION

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1419250**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5510 Cherokee Avenue
Suite 350

CITY/ST/ZIP: ALEXANDRIA, VA 22312

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:	JACQUELIN CAIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5510 Cherokee Avenue Suite 350		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		
NAME:	GARY VEST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	5510 Cherokee Avenue Suite 350		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		
NAME:	DAVID BELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5510 Cherokee AVENUE Suite 350		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		
NAME:	GEORGE CARELLAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5510 Cherokee AVENUE Suite 350		
CITY/ST/ZIP/CO:	Alexandria, VA 22312		
NAME:	LAMAR EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5510 Cherokee AVENUE Suite 350		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		

NAME: MICHAEL MCCRORY TITLE: DIRECTOR ADDRESS: 5510 Cherokee AVENUE Suite 350 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WARREN MEEKINS TITLE: DIRECTOR ADDRESS: 5510 Cherokee AVENUE Suite 350 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALI SADRIEH TITLE: VICE PRESIDENT ADDRESS: 5510 Cherokee AVENUE Suite 350 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312	<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/ DAVID BELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID BELL, DIRECTOR PRINTED NAME AND CORPORATE TITLE	8/20/2013 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.		