

1.) CORPORATION NAME:

**PLEXUS SCIENTIFIC CORPORATION**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ALI SADRIEH	
TITLE:	VICE PRESIDENT	
ADDRESS:	5510 CHEROKEE AVENUE SUITE 350 ALEXANDRIA, VA 22312	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LAMAR EDWARDS	
TITLE:	TREASURER	
ADDRESS:	5510 CHEROKEE AVENUE SUITE 350 ALEXANDRIA, VA 22312	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID BELL	
TITLE:	DIRECTOR	
ADDRESS:	5510 CHEROKEE AVENUE SUITE 350 ALEXANDRIA, VA 22312	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JACQUELIN CAIN	
TITLE:	DIRECTOR	
ADDRESS:	5510 CHEROKEE AVENUE SUITE 350 ALEXANDRIA, VA 22312	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE CARELLAS	
TITLE:	DIRECTOR	
ADDRESS:	5510 CHEROKEE AVENUE SUITE 350 ALEXANDRIA, VA 22312	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL MCCRORY DIRECTOR 5510 CHEROKEE AVENUE SUITE 350 ALEXANDRIA, VA 22312	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY VEST CHAIRMAN 5510 CHEROKEE AVENUE SUITE 350 ALEXANDRIA, VA 22312	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN MEEKINS DIRECTOR 5510 CHEROKEE AVENUE SUITE 350 ALEXANDRIA, VA 22312	<input 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/ LAMAR EDWARDS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAMAR EDWARDS, TREASURER PRINTED NAME AND CORPORATE TITLE	5/14/2014 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.			