

1.) CORPORATION NAME: FirstFleet, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: TN	DUE DATE: 7/31/2012 SCC ID NO: F1433731 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>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED				
COMMON	2,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 202 HERITAGE PARK DRIVE
 CITY/ST/ZIP: MURFREESBORO, TN 37129

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.

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|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: GARY WILSON
TITLE: PRESIDENT
ADDRESS: 202 HERITAGE PARK DRIVE
CITY/ST/ZIP/CO: MURFREESBORO, TN 37129 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: DAVID BEENY
TITLE: VP/S
ADDRESS: 202 HERITAGE PARK DRIVE
CITY/ST/ZIP/CO: MURFREESBORO, TN 37129 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: JOHN HELLIGE
TITLE: VICE PRESIDENT
ADDRESS: 202 HERITAGE PARK DR
CITY/ST/ZIP/CO: MURFREESBORO, TN 37129 | <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 BEENY	DAVID BEENY, VP/S	7/27/2012
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.