

1.) CORPORATION NAME:

DADE MOELLER & ASSOCIATES, INC.

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEPHEN M SOHINKI
2750 PROSPERITY AVE STE 500
FAIRFAX, VA**

SCC ID NO: **F1498858**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:
NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1835 TERMINAL DRIVE
SUITE 200

CITY/ST/ZIP: RICHLAND, WA 99354

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:	WILLIAM D MCCORMACK	
TITLE:	PRESIDENT	
ADDRESS:	1835 TERMINAL DRIVE STE 200	
CITY/ST/ZIP/CO:	RICHLAND, WA 99354	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN MERWIN	
TITLE:	TREASURER	
ADDRESS:	1835 TERMINAL DRIVE STE 200	
CITY/ST/ZIP/CO:	RICHLAND, WA 99354	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM E KENNEDY, JR.	
TITLE:	SECRETARY	
ADDRESS:	1835 TERMINAL DRIVE STE 200	
CITY/ST/ZIP/CO:	RICHLAND, WA 99354	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MATTHEW MOELLER	
TITLE:	CEO	
ADDRESS:	1835 TERMINAL DRIVE STE 200	
CITY/ST/ZIP/CO:	RICHLAND, WA 99354	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVE ALDRICH	
TITLE:	DIRECTOR	
ADDRESS:	1835 TERMINAL DRIVE STE 200	
CITY/ST/ZIP/CO:	RICHLAND, WA 99354	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RAY BERUBE	
TITLE:	DIRECTOR	
ADDRESS:	1835 TERMINAL DRIVE STE 200	
CITY/ST/ZIP/CO:	RICHLAND, WA 99354	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF GROVER DIRECTOR 1835 TERMINAL DRIVE STE 200 RICHLAND, WA 99354	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN HANSEN DIRECTOR 1835 TERMINAL DRIVE STE 200 RICHLAND, WA 99354	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN WINSLOW DIRECTOR 1835 TERMINAL DRIVE STE 200 RICHLAND, WA 99354	<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/ WILLIAM D MCCORMACK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM D MCCORMACK, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/7/2015 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.			