

1.) CORPORATION NAME: Document and Packaging Brokers, Inc.	DUE DATE: 2/28/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1499278				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	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>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				
4.) STATE OR COUNTRY OF INCORPORATION: AL					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 100 GILBERT DRIVE CITY/ST/ZIP: ALABASTER, AL 35007	
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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: PHILIP CRANE TITLE: PRESIDENT ADDRESS: 100 GILBERT DRIVE CITY/ST/ZIP/CO: ALABASTER, AL 35007	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TIMOTHY MASK TITLE: CFO ADDRESS: 100 GILBERT DR CITY/ST/ZIP/CO: ALABASTER, AL 35007	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES THOMPSON TITLE: CEO ADDRESS: 100 GILBERT DRIVE CITY/ST/ZIP/CO: ALABASTER, AL 35007	<input checked="" 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/ TIMOTHY MASK	TIMOTHY MASK, CFO	2/5/2015
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.