

1.) CORPORATION NAME: WEAVER & ASSOCIATES INC. INSURANCE AGENTS &BROKERS 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: CA	DUE DATE: 2/29/2016 SCC ID NO: F1538984 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>750</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	750
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 711 W CAMINO REAL CITY/ST/ZIP: ARCADIA, CA 91007

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: MATTHEW JAMES WEAVER TITLE: PRESIDENT ADDRESS: PO BOX 1508 CITY/ST/ZIP/CO: ARCADIA, CA 91077	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DENISE WEAVER TITLE: VICE PRESIDENT ADDRESS: PO BOX 1508 CITY/ST/ZIP/CO: ARCADIA, CA 91077	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RALPH WEAVER TITLE: DIRECTOR ADDRESS: PO BOX 1508 CITY/ST/ZIP/CO: ARCADIA, CA 91077	<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/ MATTHEW JAMES WEAVER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATTHEW JAMES WEAVER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/5/2016 DATE
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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.