

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

**FAI MANAGEMENT SERVICES, INC.**

SCC ID NO: **F1549965**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NJ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 RECTOR ST, STE 1102

CITY/ST/ZIP: NEW YORK, NY 10006-

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: LYNN C DEWOLFE  
TITLE: SECRETARY  
ADDRESS: 3040 WILLIAMS DR, STE 300  
CITY/ST/ZIP/CO: FAIRFAX, VA 22031-

OFFICER

DIRECTOR

NAME: CHARLES E BOLYARD, JR.  
TITLE: CHRMN/CEO  
ADDRESS: 3040 WILLIAMS DR, STE 300  
CITY/ST/ZIP/CO: FAIRFAX, VA 22031-

OFFICER

DIRECTOR

NAME: BLAKE V PECK  
TITLE: DIRECTOR  
ADDRESS: 3040 WILLIAMS DR, STE 300  
CITY/ST/ZIP/CO: FAIRFAX, VA 22031-

OFFICER

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/ LYNN C DEWOLFE

LYNN C DEWOLFE, SECRETARY

1/26/2012

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.