

|   |  |       |            |        |       |
|---|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>Chessiecap, Inc.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>BRADFORD W. HARRIES<br/>         912 RAIL COURT<br/>         MCLEAN, VA</b><br>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX COUNTY</b><br>4.) STATE OR COUNTRY OF INCORPORATION:<br><b>MD</b> | DUE DATE: <b>7/31/2016</b><br>SCC ID NO: <b>F1556598</b><br>5.) STOCK INFORMATION<br><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>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 5,000 |
| CLASS   | AUTHORIZED   |       |            |        |       |
| COMMON  | 5,000  |       |            |        |       |

|   |
|---|
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 3 BETHESDA METRO CENTER<br>STE 700<br><br>CITY/ST/ZIP: BETHESDA, MD 20814 |
|---|

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: BRADFORD W. HARRIES<br>TITLE: PRESIDENT<br>ADDRESS: 912 RAIL COURT<br>CITY/ST/ZIP/CO: MCLEAN, VA 22102-1312 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|---|--|

|   |   |  |
|---|---|--|
| NAME: BRADFORD W. HARRIES<br>TITLE: SECRETARY<br>ADDRESS: 912 RAIL COURT<br>CITY/ST/ZIP/CO: MCLEAN, VA 22102-1312 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|---|--|

|  |   |  |
|--|---|--|
| NAME: DOUGLAS M SCHMIDT<br>TITLE: TREASURER<br>ADDRESS: 7911 SHERWOOD AVENUE<br>CITY/ST/ZIP/CO: TOWSON, MD 21204 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|--|

|  |   |  |
|--|---|--|
| NAME: DOUGLAS M SCHMIDT<br>TITLE: CHAIRMAN<br>ADDRESS: 7911 SHERWOOD AVE<br>CITY/ST/ZIP/CO: TOWSON, MD 21204 | <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.

|   |  |                          |
|---|--|--------------------------|
| <u>/s/ DOUGLAS M SCHMIDT</u><br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>DOUGLAS M SCHMIDT,<br/>         TREASURER</u><br>PRINTED NAME AND CORPORATE TITLE | <u>7/28/2016</u><br>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.