

1.) CORPORATION NAME:  
**HUGHES ASSOCIATES, INC. OF MARYLAND (USED IN VABY: Hughes Associates, Inc.)**

DUE DATE: **1/31/2014**

SCC ID NO: **F1573403**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  
**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3610 COMMERCE DR  
STE 817

CITY/ST/ZIP: BALTIMORE, MD 21227

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: DAVID BOSWELL TITLE: PRESIDENT ADDRESS: 3610 COMMERCE DR. STE 817 CITY/ST/ZIP/CO: BALTIMORE, MD 21227	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CRAIG L BEYLER TITLE: VICE PRESIDENT ADDRESS: 3610 COMMERCE DR STE 817 CITY/ST/ZIP/CO: BALTIMORE, MD 21227	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: PAULA SIDLOWSKI TITLE: CFO ADDRESS: 3610 COMMERCE DR. STE 817 CITY/ST/ZIP/CO: BALTIMORE, MD 21227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: HAMID BAHADORI TITLE: VICE PRESIDENT ADDRESS: 725 PRIMERA BOULEVARD SUITE 215 CITY/ST/ZIP/CO: LAKE MARY, FL 32746	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: NICHOLAS BARKER TITLE: TREASURER ADDRESS: 500 GRISWOLD STE 2700 CITY/ST/ZIP/CO: DETROIT, MI 48226	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER MOGK SECRETARY 500 GRISWOLD STE 2700 DETROIT, MI 48226	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH L SCHEFFEY VICE PRESIDENT 3610 COMMERCE DR. STE 817 BALTIMORE, MD 21227	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT HARE DIRECTOR 500 GRISWOLD SUITE 2700 DETROIT, MI 48226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHIL ROGERS DIRECTOR 500 GRISWOLD STE 2700 DETROIT, MI 48226	<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/ JOSEPH L SCHEFFEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH L SCHEFFEY, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/16/2014 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.			