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| <b>SCC eFile</b>   | <b>2013 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 213520796  |       |            |
| 1.) CORPORATION NAME:<br><b>Mc ROBERTS PROTECTIVE AGENCY, INC.</b>   |   | DUE DATE: <b>4/30/2013</b>   |       |            |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>INCORP SERVICES, INC.<br/>7288 HANOVER GREEN DRIVE<br/>MECHANICSVILLE, VA</b>   |   | SCC ID NO: <b>F1625187</b>   |       |            |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HANOVER COUNTY</b>   |   | 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> </table> | CLASS | AUTHORIZED |
| CLASS  | AUTHORIZED  |  |       |            |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>NY</b>  |   |  |       |            |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 87 NASSAU ST<br>2ND FL<br><br>CITY/ST/ZIP: NEW YORK, NY 10038  |   |  |       |            |
| 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: JEFFREY J CHLUDZINSKI<br>TITLE: COO<br>ADDRESS: 87 NASSAU ST<br>CITY/ST/ZIP/CO: NEW YORK, NY 10038   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |
| NAME: MICHAEL LUTZ<br>TITLE: CFO<br>ADDRESS: 87 NASSAU STREET<br>CITY/ST/ZIP/CO: NEW YORK, NY 10038  | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |
| NAME: MEREDITH MCROBERTS<br>TITLE: CEO<br>ADDRESS: 87 NASSAU ST<br>CITY/ST/ZIP/CO: NEW YORK, NY 10038  | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |
| NAME: LOUIS VILLIROLA<br>TITLE: DIRECTOR<br>ADDRESS: 87 NASSAU ST<br>CITY/ST/ZIP/CO: NEW YORK, NY 10038  | <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/ MICHAEL LUTZ<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | MICHAEL LUTZ, CFO<br>PRINTED NAME AND CORPORATE TITLE                                   | 4/30/2013<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. |   |  |       |            |