

1.) CORPORATION NAME:

Adirondack Solutions, Inc.

DUE DATE: **7/31/2011**

SCC ID NO: **F1634338**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
CHARLES BOONE
5901 4TH RD NORTH
ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 174 CANDLEWICK LN

CITY/ST/ZIP: BRIDGEWATER, NJ 08807-

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 KRITZ
TITLE: PRESIDENT
ADDRESS: 174 CANDLEWICK LN
CITY/ST/ZIP/CO: BRIDGEWATER, NJ 08807-

OFFICER

DIRECTOR

NAME: RANDI SCHWERINER
TITLE: VICE PRESIDENT
ADDRESS: 174 CANDLEWICK LN
CITY/ST/ZIP/CO: BRIDGEWATER, NJ 08807-

OFFICER

DIRECTOR

NAME: CHARLES BOONE
TITLE: SECRETARY
ADDRESS: 5401 4TH RD N
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

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/ CHARLES BOONE

CHARLES BOONE, SECRETARY

8/17/2011

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.