

1.) CORPORATION NAME:

UHY Advisors Mid-Atlantic, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1641465**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O UHY ADVISORS MID-ATLANTIC MD, INC.
6851 OAK HALL LANE, SUITE 300

CITY/ST/ZIP: COLUMBIA, MD 21045

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:	JAMES S PEACOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6851 OAK HALL LANE		
	STE 300		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21045		

NAME:	DAVID C. CONDRON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6851 OAK HALL LANE		
	SUITE 300		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21045		

NAME:	B JENNINE ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6851 OAK HALL LANE		
	STE 300		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21045		

NAME:	STUART JAY MANDEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	59 Elm Street		
	Suite 215		
CITY/ST/ZIP/CO:	NEW HAVEN, CT 06510		

NAME:	LARRY J PORSCHE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	15 SUNNEN DR, SUITE 100		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63143		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY P FRABOTTA DIRECTOR 12900 HALL ROAD, SUITE 510 STERLING HEIGHTS, MI 48313	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD G KOTLOW DIRECTOR 66 S. PEARL ST., SUITE 400 ALBANY, NY 12207	<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/ STUART JAY MANDEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STUART JAY MANDEL, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	8/28/2012 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.