

1.) CORPORATION NAME: D. C. Elevator, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS, INC. 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: KY	DUE DATE: 9/30/2013 SCC ID NO: F1642034 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED				
COMMON	2,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 124 VENTURE CT SUITE 1 CITY/ST/ZIP: LEXINGTON, KY 40511
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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 BOWLDS TITLE: PRESIDENT ADDRESS: 124 VENTURE CT SUITE 1 CITY/ST/ZIP/CO: LEXINGTON, KY 40511	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CHARLES A SHARP TITLE: VICE PRESIDENT ADDRESS: 124 VENTURE CT SUITE 1 CITY/ST/ZIP/CO: LEXINGTON, KY 40511	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JAMES S BOWLDS	JAMES S BOWLDS, PRESIDENT	8/5/2013
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.