

1.) CORPORATION NAME:

Burgess & Niple, Inc.

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DENNIS THOMAS
4417 OSSIAN HALL LANE
ANNANDALE, VA**

SCC ID NO: **F1653858**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5085 REED RD

CITY/ST/ZIP: COLUMBUS, OH 43220

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:	KENNETH R DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5085 REED RD		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43220		
NAME:	BARRY DIXON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5085 REED RD		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43220		
NAME:	JAMES P GARRISON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5085 REED ROAD		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43220		
NAME:	RONALD R SCHULTZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	5085 REED RD		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43220		
NAME:	ROBERT DRAPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5085 REED RD		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43220		
NAME:	THOMAS MIGNERY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5085 REED RD		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43220		

NAME: E SCOTT SONDLER TITLE: DIRECTOR ADDRESS: 5085 REED RD CITY/ST/ZIP/CO: COLUMBUS, OH 43220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH SPONAUGLE TITLE: DIRECTOR ADDRESS: 5085 REED RD CITY/ST/ZIP/CO: COLUMBUS, OH 43220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS THOMAS TITLE: DIRECTOR ADDRESS: 12700 BLACK FOREST LANE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<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/ RONALD R SCHULTZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD R SCHULTZ, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	2/9/2015 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.		