

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

Automobile Protection Corporation - APCO

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1666058**

**REGISTERED AGENT SOLUTIONS INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	14,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6010 ATLANTIC BOULEVARD

CITY/ST/ZIP: NORCROSS, GA 30071

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.

<p>NAME: JOHN E LEE TITLE: PRESIDENT ADDRESS: 6010 ATLANTIC BOULEVARD CITY/ST/ZIP/CO: NORCROSS, GA 30071</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN MARKS TITLE: TREASURER ADDRESS: 6010 ATLANTIC BOULEVARD CITY/ST/ZIP/CO: NORCROSS, GA 30071</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LARRY I DORFMAN TITLE: CEO ADDRESS: 6010 ATLANTIC BOULEVARD CITY/ST/ZIP/CO: NORCROSS, GA 30071</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MEG BOSWELL TITLE: ASST SECRETARY ADDRESS: 6010 ATLANTIC BOULEVARD CITY/ST/ZIP/CO: NORCROSS, GA 30071</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL A CURRAN TITLE: COO ADDRESS: 6010 ATLANTIC BOULEVARD CITY/ST/ZIP/CO: NORCROSS, GA 30071</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN E LEE TITLE: PRESIDENT ADDRESS: 6010 ATLANTIC BOULEVARD CITY/ST/ZIP/CO: NORCROSS, GA 30071</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MICHAEL GREGORICH TITLE: DIRECTOR ADDRESS: 6010 ATLANTIC BOULEVARD CITY/ST/ZIP/CO: NORCROSS, GA 30071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: ANDREW REUTTER TITLE: DIRECTOR ADDRESS: 6010 ATLANTIC BOULEVARD CITY/ST/ZIP/CO: NORCROSS, GA 30071	<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/ JOHN E LEE	JOHN E LEE, PRESIDENT	4/9/2014
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.