

1.) CORPORATION NAME:

**IPM INTERNATIONAL INC.**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARA SPENCER  
6119 UNION VILLAGE DR  
CLIFTON, VA 20124**

SCC ID NO: **F1669219**

5.) STOCK INFORMATION

|       |            |
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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1732 20TH ST NW

CITY/ST/ZIP: WASHINGTON, DC 20009

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:           | JAN KITTO BURKE             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                   |   |  |
| ADDRESS:        | 201 SIXTH STREET            |   |  |
| CITY/ST/ZIP/CO: | FERRELVIEW, MO 64163        |   |  |
| NAME:           | TOMAS BURKE                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT              |   |  |
| ADDRESS:        | 201 SIXTH STREET            |   |  |
| CITY/ST/ZIP/CO: | FERRELVIEW, MO 64163        |   |  |
| NAME:           | MARYANNE WASSENBERG         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                   |   |  |
| ADDRESS:        | 6682 COLONNADES             |   |  |
| CITY/ST/ZIP/CO: | WARRENTON, VA 20187         |   |  |
| NAME:           | CAROLYN CLARK               | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER                   |   |  |
| ADDRESS:        | 1447 HIGHWAY 69             |   |  |
| CITY/ST/ZIP/CO: | OSCEOLA, IA 50213           |   |  |
| NAME:           | DORINDA FOX                 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                    |   |  |
| ADDRESS:        | 5 PRAIRIE LANE              |   |  |
| CITY/ST/ZIP/CO: | PLACITAS, NM 87043          |   |  |
| NAME:           | MARY D JOHNSON              | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                    |   |  |
| ADDRESS:        | 1403 APPLE LANE             |   |  |
| CITY/ST/ZIP/CO: | APT 8<br>LAWRENCE, KS 66049 |   |  |

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DAWN M OVERSTREET<br>DIRECTOR<br>929 WINONA AVENUE SW<br>ROANOKE, VA 24015 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|--|----------------------------------|--|

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MARA L SPENCER<br>DIRECTOR<br>6119 UNION VILLAGE DR<br>CLIFTON, VA 20124 | <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/ MARY D JOHNSON                                  | MARY D JOHNSON, DIRECTOR         | 4/10/2012 |
| 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.