

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214530068

1.) CORPORATION NAME:

BridgeCom Solutions Group, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1687625**

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: 800 WESTCHESTER AVENUE
STE N501

CITY/ST/ZIP: RYE BROOK, NY 10573

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:	MICHAEL K ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	800 WESTCHESTER AVE STE N501		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	CHARLES HUNTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	800 WESTCHESTER AVE STE 501N		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	ANTHONY M ABATE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 WESTCHESTER AVE. STE N501		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	JOHN R BRECKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 WESTCHESTER AVE STE 501N		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	JEFFREY A BRODSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 WESTCHESTER AVE STE 501N		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		
NAME:	JAMES N CHAPMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 WESTCHESTER AVE. STE N501		
CITY/ST/ZIP/CO:	RYE BROOK, NY 10573		

NAME: JAMES V CONTINENZA TITLE: DIRECTOR ADDRESS: 800 WESTCHESTER AVE STE 501N CITY/ST/ZIP/CO: RYE BROOK, NY 10573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL K ROBINSON TITLE: DIRECTOR ADDRESS: 800 WESTCHESTER AVE. STE N501 CITY/ST/ZIP/CO: RYE BROOK, NY 10573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD J SANTAGATI TITLE: DIRECTOR ADDRESS: 800 WESTCHESTER AVE. STE N501 CITY/ST/ZIP/CO: RYE BROOK, NY 10573	<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/ CHARLES HUNTER	CHARLES HUNTER, SECRETARY	6/11/2014
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.		