

1.) CORPORATION NAME:

Stephen James Associates, Inc.

DUE DATE: **12/30/2010**

SCC ID NO: **F1693128**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000,000 |

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7301 PARKWAY DRIVE

CITY/ST/ZIP: HANOVER, MD 21076-

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: | PATRICK CONNOLLY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 1954 GREENSPRING DRIVE STE 503 | | |
| CITY/ST/ZIP/CO: | TIMONIUM, MD 21093- | | |
| NAME: | RANDALL D SONES | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 7301 PARKWAY DRIVE | | |
| CITY/ST/ZIP/CO: | HANOVER, MD 21076- | | |
| NAME: | JOHN T CAREY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 7301 PARKWAY DRIVE | | |
| CITY/ST/ZIP/CO: | HANOVER, MD 21076- | | |
| NAME: | JAMES C DAVIS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 7301 PARKWAY DRIVE | | |
| CITY/ST/ZIP/CO: | HANOVER, MD 21076- | | |
| NAME: | MICHAEL SALANDRA | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 7301 PARKWAY DRIVE | | |
| CITY/ST/ZIP/CO: | HANOVER, MD 21076- | | |

| | | |
|---|---|-----------------------------------|
| NAME: RAYMOND CARBONE TITLE: VICE PRESIDENT ADDRESS: 7301 PARKWAY DRIVE CITY/ST/ZIP/CO: HANOVER, MD 21076- | <input checked="" type="checkbox"/> OFFICER | <input 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/ RANDALL D SONES | RANDALL D SONES, SECRETARY | 10/25/2010 |
| 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.