

1.) CORPORATION NAME: <b>Atlas Service Corps, Inc.</b>	DUE DATE: <b>10/31/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MARY ANNE BEALE 8124 TAVERN KEEPERS WAY MECHANICSVILLE, VA</b>	SCC ID NO: <b>F1723354</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8124 TAVERN KEEPERS WAY

CITY/ST/ZIP: MECHANICSVILLE, VA 23111

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: JOHN SCOTT BEALE TITLE: CEO ADDRESS: 8124 TAVERN KEEPERS WAY CITY/ST/ZIP/CO: MECHANICSVILLE, DE 23111	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARY ANNE BEALE TITLE: DIRECTOR ADDRESS: 8124 TAVERN KEEPERS WAY CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CAMILA PAYAN TITLE: DIRECTOR ADDRESS: 2001 16TH STREET NW APT 306 CITY/ST/ZIP/CO: WASHINGTON, DC 20009	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PRATICHI SHAH TITLE: DIRECTOR ADDRESS: 5500 FRIENDSHIP BLVD. #1003N CITY/ST/ZIP/CO: CHEVY CHASE, MD 20815	<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 SCOTT BEALE	JOHN SCOTT BEALE, CEO	12/3/2014
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.