

1.) CORPORATION NAME:

FCCI Services, Inc.

DUE DATE: **2/29/2012**

SCC ID NO: **F1737917**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

CLAIRE C. CARR

901 MOOREFIELD PARK DRIVE, SUITE 200

RICHMOND, VA 23236

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 UNIVERSITY PARKWAY

CITY/ST/ZIP: SARASOTA, FL 34240-

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: CHARLES BAUMANN
TITLE: DIRECTOR
ADDRESS: 6300 UNIVERSITY PARKWAY
CITY/ST/ZIP/CO: SARASOTA, FL 34240-

OFFICER DIRECTOR

NAME: ROBERT BENJAMIN
TITLE: DIRECTOR
ADDRESS: 6300 UNIVERSITY PARKWAY
CITY/ST/ZIP/CO: SARASOTA, FL 34240-

OFFICER DIRECTOR

NAME: MARVIN HARBER
TITLE: DIRECTOR
ADDRESS: 6300 UNIVERSITY PARKWAY
CITY/ST/ZIP/CO: SARASOTA, FL 34240-

OFFICER DIRECTOR

NAME: ROY YAHRAUS
TITLE: DIRECTOR
ADDRESS: 6300 UNIVERSITY PARKWAY
CITY/ST/ZIP/CO: SARASOTA, FL 34240-

OFFICER DIRECTOR

NAME: GORDON W. JACOBS
TITLE: DIRECTOR
ADDRESS: 6300 UNIVERSITY PARKWAY
CITY/ST/ZIP/CO: SARASOTA, FL 34240-

OFFICER DIRECTOR

NAME: CRAIG JOHNSON TITLE: DIR/PRES&CEO ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN STAFFORD TITLE: CHAIRMAN ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: THOMAS KOVAL TITLE: SECRETARY ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CHRISTOPHER SHOUCAIR TITLE: TREASURER ADDRESS: 6300 UNIVERSITY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TIMOTHY CLARKE TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT FLANDERS TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ THOMAS KOVAL	THOMAS KOVAL, SECRETARY	1/19/2012
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.