

1.) CORPORATION NAME: <b>WALTON MADDEN COOPER ROBINSON PONESS, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>3/31/2014</b>  SCC ID NO: <b>F1742529</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED				
COMMON	500				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 8100 PROFESSIONAL PL STE 215  CITY/ST/ZIP: LANDOVER, MD 20785
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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: ARTHUR E ROBINSON TITLE: PRESIDENT ADDRESS: 8100 PROFESSIONAL PL STE 215 CITY/ST/ZIP/CO: LANDOVER, MD 20785	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL C PONESS TITLE: VICE PRESIDENT ADDRESS: 8100 PROFESSIONAL PL STE 215 CITY/ST/ZIP/CO: LANDOVER, MD 20785	<input checked="" 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/ ARTHUR E ROBINSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ARTHUR E ROBINSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/12/2014 DATE
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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.