

1.) CORPORATION NAME: **MOMENTOUS INSURANCE BROKERAGE INC.** DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **PARACORP INCORPORATED** SCC ID NO: **F1774514**

**7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000
COMNV	99,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5990 SEPULVEDA BLVD
STE 550

CITY/ST/ZIP: VAN NUYS, CA 91411

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DIANE L BRINSON SCHIELE	
TITLE:	PRESIDENT	
ADDRESS:	5990 SEPULVENA BLVD SUITE_ S-550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91401	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ELIZABETH WRIGHT	
TITLE:	VICE PRESIDENT	
ADDRESS:	5990 SEPULVEDA BLVD SUITE 550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91411	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ERIN GASTON	
TITLE:	TREASURER	
ADDRESS:	5990 SEPULVEDA BLVD S-550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91411	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAM WEISER	
TITLE:	SECRETARY	
ADDRESS:	5990 SEPULVEDA BLVD S-550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91411	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ARLENE BINDER GOLDSTEIN	
TITLE:	DIRECTOR	
ADDRESS:	5990 SEPULVEDA BLVD. SUITE 550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91411	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID OLIVER	
TITLE:	DIRECTOR	
ADDRESS:	5990 SEPULVEDA BLVD. SUITE 550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91411	

NAME: MITULA PATEL TITLE: DIRECTOR ADDRESS: 5990 SEPULVEDA BLVD. SUITE 550 CITY/ST/ZIP/CO: VAN NUYS, CA 91411	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LILIA ROCHA TITLE: DIRECTOR ADDRESS: 5990 SEPULVEDA BLVD. SUITE 550 CITY/ST/ZIP/CO: VAN NUYS, CA 91411	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT SCHIELE TITLE: DIRECTOR ADDRESS: 5990 SEPULVEDA BLVD. SUITE 550 CITY/ST/ZIP/CO: VAN NUYS, CA 91411	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID TOTH TITLE: DIRECTOR ADDRESS: 5990 SEPULVEDA BLVD. SUITE 550 CITY/ST/ZIP/CO: VAN NUYS, CA 91411	<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/ DIANE L BRINSON SCHIELE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIANE L BRINSON SCHIELE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/15/2014 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.		