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| SCC eFile | 2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 215504388 | | | | |
| 1.) CORPORATION NAME: G. A. LARGENT AND ASSOCIATES, INC. | | DUE DATE: 3/31/2015 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NORTHWEST REGISTERED AGENT LLC 4445 CORPORATION LN STE 264 VIRGINIA BEACH, VA | | SCC ID NO: F1783770 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY | | 5.) STOCK INFORMATION | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: MD | | <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>CAP</td> <td>50,000</td> </tr> </table> | CLASS | AUTHORIZED | CAP | 50,000 |
| CLASS | AUTHORIZED | | | | | |
| CAP | 50,000 | | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 91 OAKMAN LANE CITY/ST/ZIP: RIDGELEY, WV 26753 | | | | | | |
| 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: JILL STEPP TITLE: PRESIDENT ADDRESS: 905 YALE STREET CITY/ST/ZIP/CO: CUMBERLAND, MD 21502 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | | |
| NAME: JEFF STEPP TITLE: VICE PRESIDENT ADDRESS: 905 YALES STREET CITY/ST/ZIP/CO: CUMBERLAND, MD 21502 | <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/ JILL STEPP | JILL STEPP, PRESIDENT | 1/30/2015 | | | | |
| 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. | | | | | | |