

1.) CORPORATION NAME:

**Aerial Solutions, Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **F1789462**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7074 RAMSEY FORD RD

CITY/ST/ZIP: TABOR CITY, NC 28463-

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: WILLIAM C COX, IV  
TITLE: PRESIDENT  
ADDRESS: 7074 RAMSEY FORD RD  
CITY/ST/ZIP/CO: TABOR CITY, NC 28463-

OFFICER

DIRECTOR

NAME: WILLIAM C COX III  
TITLE: TREASURER  
ADDRESS: 7074 RAMSEY FORD RD  
CITY/ST/ZIP/CO: TABOR CITY, NC 28463-

OFFICER

DIRECTOR

NAME: HEATHER W COLEMAN  
TITLE: ASST SECRETARY  
ADDRESS: 7074 RAMSEY FORD RD  
CITY/ST/ZIP/CO: TABOR CITY, NC 28463-

OFFICER

DIRECTOR

NAME: EMILY WEBBER  
TITLE: SECRETARY  
ADDRESS: 7074 RAMSEY FORD RD  
CITY/ST/ZIP/CO: TABOR CITY, NC 28463-

OFFICER

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/ HEATHER W COLEMAN  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

HEATHER W COLEMAN, ASST  
SECRETARY  
PRINTED NAME AND CORPORATE  
TITLE

4/5/2011  
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.