

1.) CORPORATION NAME:

Resource Systems Group, Inc.

DUE DATE: **9/30/2010**

SCC ID NO: **F1801671**

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

AUTH IN VI

BUSINESS FILINGS INCORPORATED

4701 COX ROAD, 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:

NH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 55 RAILROAD ROW

CITY/ST/ZIP: WHITE RIVER JUNCTION, VT 05001-

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: THOMAS ADLER
TITLE: PRESIDENT
ADDRESS: 55 RAILROAD ROW
CITY/ST/ZIP/CO: WHITE RIVER JUNCTION, VT 05001-

OFFICER

DIRECTOR

NAME: CLAYTON ADAMS
TITLE: VP, TREA
ADDRESS: 55 RAILROAD ROW
CITY/ST/ZIP/CO: WHITE RIVER JUNCTION, VT 05001-

OFFICER

DIRECTOR

NAME: SUE BARRETT
TITLE: SECRETARY
ADDRESS: 55 RAILROAD ROW
CITY/ST/ZIP/CO: WHITE RIVER JUNCTION, VT 05001-

OFFICER

DIRECTOR

NAME: COLIN HIGH
TITLE: DIRECTOR
ADDRESS: 55 RAILROAD ROW
CITY/ST/ZIP/CO: WHITE RIVER JUNCTION, VT 05001-

OFFICER

DIRECTOR

NAME: STEPHAN MCCURDY
TITLE: DIRECTOR
ADDRESS: 55 RAILROAD ROW
CITY/ST/ZIP/CO: WHITE RIVER JUNCTION, VT 05001-

OFFICER

DIRECTOR

NAME: COLIN HIGH TITLE: DIRECTOR ADDRESS: 55 RAILROAD ROW CITY/ST/ZIP/CO: WHITE RIVER JUNCTIO0N, VT 05001-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STACEY FALZARANO TITLE: DIRECTOR ADDRESS: 55 RAILROAD ROW CITY/ST/ZIP/CO: WHITE RIVER JUNCTION, VT 05001-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN LOBB TITLE: DIRECTOR ADDRESS: 55 RAILROAD ROW CITY/ST/ZIP/CO: WHITE RIVER JUNCTION, VT 05001-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GARY BROOKS TITLE: DIRECTOR ADDRESS: 56 LEBANON STREET CITY/ST/ZIP/CO: HANOVER, NH 03755-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOSEPH SEGALE TITLE: DIRECTOR ADDRESS: 60 LAKE STREET CITY/ST/ZIP/CO: BURLINGTON, VT 05401-	<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/ SUE BARRETT _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUE BARRETT, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	3/23/2011 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.		