

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215544306
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1.) CORPORATION NAME: KCORP Support Services, Inc.	DUE DATE: 12/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA	SCC ID NO: F1844408				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: AK					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1603 COLLEGE ROAD

CITY/ST/ZIP: FAIRBANKS, AK 99709

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: STANLEY NED TITLE: OFFICER ADDRESS: PO BOX 117 CITY/ST/ZIP/CO: ALLAKAKET, AK 99720	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GERALDINE SIMON TITLE: DIRECTOR ADDRESS: 9221 ELGIN CIRCLE CITY/ST/ZIP/CO: ANCHORAGE, AK 99502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIA SIMON TITLE: DIRECTOR ADDRESS: P O BOX 28 CITY/ST/ZIP/CO: ALLAKAKET, AK 99720	<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/ STANLEY NED	STANLEY NED, OFFICER	12/11/2015
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.