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|--|---|--|-------|------------|--------|-----|
| <b>SCC eFile</b>   | <b>2013 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 213511558  |       |            |        |     |
| 1.) CORPORATION NAME:<br><b>PATRIOT TOWERS, INC.</b>   |   | DUE DATE: <b>1/31/2013</b>   |       |            |        |     |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CORPORATION SERVICE COMPANY<br/>Bank of America Center, 16th Floor<br/>1111 East Main Street<br/><br/>RICHMOND, VA 23219</b>                                      |   | SCC ID NO: <b>F1847336</b>   |       |            |        |     |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>RICHMOND CITY</b>  |   | 5.) STOCK INFORMATION<br><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>200</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 200 |
| CLASS  | AUTHORIZED  |  |       |            |        |     |
| COMMON   | 200   |  |       |            |        |     |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>NY</b>  |   |  |       |            |        |     |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 870 SCOTTSVILLE CHILI ROAD<br><br>CITY/ST/ZIP: SCOTTSVILLE, NY 14546   |   |  |       |            |        |     |
| 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: DOUGLAS HARRADINE  | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |     |
| TITLE: PRESIDENT   |   |  |       |            |        |     |
| ADDRESS: 870 SCOTTSVILLE CHILI ROAD  |   |  |       |            |        |     |
| CITY/ST/ZIP/CO: SCOTTSVILLE, NY 14546  |   |  |       |            |        |     |
| NAME: RICHARD J SCHICKLER III  | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |     |
| TITLE: PRESIDENT   |   |  |       |            |        |     |
| ADDRESS: 870 SCOTTSVILLE CHILI ROAD  |   |  |       |            |        |     |
| CITY/ST/ZIP/CO: SCOTTSVILLE, NY 14546  |   |  |       |            |        |     |
| 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/ DOUGLAS HARRADINE  | DOUGLAS HARRADINE,  | 3/6/2013   |       |            |        |     |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | PRESIDENT   | DATE   |       |            |        |     |
|  | PRINTED NAME AND CORPORATE TITLE  |  |       |            |        |     |
| 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. |   |  |       |            |        |     |