

1.) CORPORATION NAME: <b>Place Services Incorporated</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCORP SERVICES, INC.          7288 HANOVER GREEN DR          MECHANICSVILLE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>GA</b>	DUE DATE: <b>2/28/2015</b> SCC ID NO: <b>F1850454</b> 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>200</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200
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6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 95 HICKORY SPRINGS IND. DR.  CITY/ST/ZIP: CANTON, GA 30115
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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: TROY PLACE TITLE: PRESIDENT ADDRESS: 679 EVANS COOK ROAD CITY/ST/ZIP/CO: CANTON, GA 30115	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: GABRIEL PLACE TITLE: DIRECTOR ADDRESS: 711 EVANS COOK ROAD CITY/ST/ZIP/CO: CANTON, GA 30115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ GABRIEL PLACE	GABRIEL PLACE, DIRECTOR	2/3/2015
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.