

1.) CORPORATION NAME: GIDDINGS, CORBY, HYNES, INC.	DUE DATE: 2/28/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1851932				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO 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>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				
4.) STATE OR COUNTRY OF INCORPORATION: CA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1150 9TH STREET
SUITE 1400

CITY/ST/ZIP: MODESTO, CA 95354

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: DON CHARLES BARBE TITLE: VICE PRESIDENT ADDRESS: 1150 9TH STREET SUITE 1400 CITY/ST/ZIP/CO: MODESTO, CA 95354	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: ALFRED T SARINA TITLE: DIRECTOR ADDRESS: 1150 9TH ST, STE 1400 CITY/ST/ZIP/CO: MODESTO, CA 95354	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: Jon T Finster TITLE: PRESIDENT ADDRESS: 1150 9th Street Suite 1400 CITY/ST/ZIP/CO: Modesto, CA 95354	<input checked="" 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/ DON CHARLES BARBE	DON CHARLES BARBE, VICE PRESIDENT	2/19/2014
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.