

1.) CORPORATION NAME: Olde Glory Contractors, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MD	DUE DATE: 3/31/2015 SCC ID NO: F1852971 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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 219 YORK ST SUITE 4 CITY/ST/ZIP: HANOVER, PA 17331
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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: WILLIAM P DELL TITLE: PRESIDENT ADDRESS: 219 YORK STREET CITY/ST/ZIP/CO: HANOVER, PA 17331	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIAM P DELL TITLE: PRESIDENT ADDRESS: 219 YORK ST CITY/ST/ZIP/CO: HANOVER, PA 17331	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ROBIN BAUBLITZ TITLE: SECRETARY ADDRESS: 219 YORK STREET CITY/ST/ZIP/CO: HANOVER, PA 17331	<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/ WILLIAM P DELL	WILLIAM P DELL, PRESIDENT	2/4/2015
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.