

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214531984
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1.) CORPORATION NAME: <b>CASE CONSULTING SERVICES, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>RESAGENT INC          3190 FAIRVIEW PARK DR STE 300          FALLS CHURCH, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>NC</b>	DUE DATE: <b>3/31/2014</b> SCC ID NO: <b>F1888819</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>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 MILLER AVE

CITY/ST/ZIP: GREAT FALLS, VA 22066

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: BENJAMIN R CASE TITLE: O/D ADDRESS: 700 MILLER AVE CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: ANGELA F CASE TITLE: O/D ADDRESS: 700 MILLER AVE CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<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/ ANGELA F CASE	ANGELA F CASE, O/D	6/21/2014
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.