

1.) CORPORATION NAME:

Torch Technologies, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

SCC ID NO: **F1890203**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
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| COMMON | 30,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4035 CHRIS DR SW STE C

CITY/ST/ZIP: HUNTSVILLE, AL 35802

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.

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| <p>NAME: WILLIAM ROARK TITLE: CEO/PRES ADDRESS: 4035 CHRIS DR SW STE C CITY/ST/ZIP/CO: HUNTSVILLE, AL 35802</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: SUE CLARK TITLE: TREASURER ADDRESS: 4035 CHRIS DR SW STE C CITY/ST/ZIP/CO: HUNTSVILLE, AL 35802</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: SCOTT PARKER TITLE: SECRETARY ADDRESS: 4035 CHRIST DRIVE SW SUITE C CITY/ST/ZIP/CO: HUNTSVILLE, AL 35802</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: B. JOSEPH ALEXANDER TITLE: DIRECTOR ADDRESS: 1001 LEXINGTON STREET, SE CITY/ST/ZIP/CO: HUNTSVILLE, AL 35801</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: LARRY R. CAPPS TITLE: DIRECTOR ADDRESS: 7913 SMOKE RISE ROAD CITY/ST/ZIP/CO: HUNTSVILLE, AL 35802</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: GARY S. CONNOR TITLE: DIRECTOR ADDRESS: 126 SMOKE BROOK PLACE CITY/ST/ZIP/CO: MADISON, AL 35758</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

| | | |
|---|----------------------------------|--|
| NAME: CARL MONK TITLE: DIRECTOR ADDRESS: 35795 DUNTHORPE LN CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: MATTHEW ROGERS TITLE: DIRECTOR ADDRESS: 10805 NORMAN AVE CITY/ST/ZIP/CO: FAIRFAX, VA 22030 | <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/ WILLIAM ROARK | WILLIAM ROARK, CEO/PRES | 8/5/2013 |
| 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.