

1.) CORPORATION NAME:

**Torch Technologies, Inc.**

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1890203**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

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.

NAME:	WILLIAM ROARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/PRES		
ADDRESS:	4035 CHRIS DR SW STE C		
CITY/ST/ZIP/CO:	HUNTSVILLE, AL 35802		

NAME:	SUE CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4035 CHRIS DR SW STE C		
CITY/ST/ZIP/CO:	HUNTSVILLE, AL 35802		

NAME:	SCOTT PARKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4035 CHRIS DRIVE SW SUITE C		
CITY/ST/ZIP/CO:	HUNTSVILLE, AL 35802		

NAME:	B. JOSEPH ALEXANDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4035 CHRIS DRIVE SW SUITE C		
CITY/ST/ZIP/CO:	HUNTSVILLE, AL 35802		

NAME:	LARRY R. CAPPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4035 CHRIS DRIVE SW SUITE C		
CITY/ST/ZIP/CO:	HUNTSVILLE, AL 35802		

NAME:	GARY S. CONNOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4035 CHRIS DRIVE SW SUITE C		
CITY/ST/ZIP/CO:	HUNTSVILLE, AL 35802		

NAME: CARL MONK TITLE: DIRECTOR ADDRESS: 4035 CHRIS DRIVE SW SUITE C CITY/ST/ZIP/CO: HUNTSVILLE, AL 35802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: MATTHEW ROGERS TITLE: DIRECTOR ADDRESS: 4035 CHRIS DRIVE SW SUITE C CITY/ST/ZIP/CO: HUNTSVILLE, AL 35802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

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/ SUE CLARK	SUE CLARK, TREASURER	3/29/2015
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.