

1.) CORPORATION NAME: <b>STATEWIDE MONITORING CORP.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCORP SERVICES INC          7288 HANOVER GREEN DR          MECHANICSVILLE, VA</b>	DUE DATE: <b>8/31/2013</b>  SCC ID NO: <b>F1904244</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>200</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200
CLASS	AUTHORIZED				
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>NY</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 2047 VICTORY BLVD  CITY/ST/ZIP: STATEN ISLAND, NY 10314	
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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: STEVEN M COPPOLA TITLE: PRESIDENT ADDRESS: 2047 VICTORY BLVD CITY/ST/ZIP/CO: STATEN ISLAND, NY 10314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: PAMELA COPPOLA-COLUMBIA TITLE: CFO/SECR ADDRESS: 2047 VICTORY BLVD CITY/ST/ZIP/CO: STATEN ISLAND, NY 10314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: STEVEN J COPPOLA TITLE: CHARIMAN ADDRESS: 2047 VICTORY BLVD CITY/ST/ZIP/CO: STATEN ISLAND, NY 10314	<input checked="" 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/ STEVEN J COPPOLA	STEVEN J COPPOLA, CHARIMAN	10/24/2013
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.