

1.) CORPORATION NAME:

**JUDLAU CONTRACTING, INC.**

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1908146**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 26-15 ULMER ST

CITY/ST/ZIP: COLLEGE POINT, NY 11354

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.

<p>NAME: ASHOK PATEL TITLE: PRESIDENT ADDRESS: 26-15 ULMER ST CITY/ST/ZIP/CO: COLLEGE POINT, NY 11354</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CESAR PEREIRA TITLE: VP/SEC/GEN COUN ADDRESS: 26-15 ULMER ST CITY/ST/ZIP/CO: COLLEGE_POINT, NY 11354</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARTIN SAITZYK TITLE: TREASURER ADDRESS: 26-15 ULMER ST CITY/ST/ZIP/CO: COLLEGE PT, NY 11354</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS IOVINO TITLE: CEO/CHAIR OF BD ADDRESS: 26-15 ULMER ST CITY/ST/ZIP/CO: COLLEGE PT, NY 11354</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ARTURO AGULLO JARAMILLO TITLE: DIRECTOR ADDRESS: 2 PASEO DE LA CASTELLANA, 259-D TORRE ESPACIO CITY/ST/ZIP/CO: , , FN</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: FRANCISCO MARIN ANDRES TITLE: DIRECTOR ADDRESS: 2 PASEO DE LA CASTELLANA, 259-D TORRE ESPACIO CITY/ST/ZIP/CO: , , FN</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCISCO MARIN NORTES DIRECTOR 780 THIRD AVENUE NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IGNACIO MARTINEZ ESTEBAN DIRECTOR 2 PASEO DE LA CASTELLANA, 259-D TORRE ESPACIO , , FN	<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/ CESAR PEREIRA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CESAR PEREIRA, VP/SEC/GEN COUN PRINTED NAME AND CORPORATE TITLE	9/11/2015 DATE
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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.