

1.) CORPORATION NAME:

DUE DATE: **10/31/2014**

**Ilex Construction, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1910456**

**RESAGENT, INC.  
3190 FAIRVIEW PARK DRIVE  
SUITE 300**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**FALLS CHURCH, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 131 N. WASHINGTON STREET

CITY/ST/ZIP: EASTON, MD 21601

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:	R J COOPER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	131 N WASHINGTON STREET		
CITY/ST/ZIP/CO:	EASTON, MD 21601		

NAME:	PAIGE G GILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	131 N WASHINGTON STREET		
CITY/ST/ZIP/CO:	EASTON, MD 21601		

NAME:	DOUGLAS V CROKER III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/SECR/TREAS.		
ADDRESS:	131 N WASHINGTON STREET		
CITY/ST/ZIP/CO:	EASTON, MD 21601		

NAME:	B CAMERON PRATT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN, DIR.		
ADDRESS:	9600 BLACKWELL RD STE 200		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20850		

NAME:	DIRCK K BARTLETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIR. BUS. DEVEL		
ADDRESS:	131 N WASHINGTON STREET		
CITY/ST/ZIP/CO:	EASTON, MD 21601		

NAME:	MARGARET T OXNAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	131 N WASHINGTON STREET		
CITY/ST/ZIP/CO:	EASTON, MD 21601		

NAME: CLAYTON F FOULGER TITLE: DIRECTOR ADDRESS: 9600 BLACKWELL RD STE 200 CITY/ST/ZIP/CO: ROCKVILLE, MD 20850	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRYANT FOULGER TITLE: DIRECTOR ADDRESS: 9600 BLACKWELL RD STE 200 CITY/ST/ZIP/CO: ROCKVILLE, MD 20850	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRENT K PRATT TITLE: DIRECTOR ADDRESS: 9600 BLACKWELL RD STE 200 CITY/ST/ZIP/CO: ROCKVILLE, MD 20850	<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/ R J COOPER	R J COOPER, PRESIDENT	2/27/2015
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.		