

1.) CORPORATION NAME:

ARROW EXTERMINATORS, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1913260**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	100
COMB	9,999,900

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8613 ROSWELL RD

CITY/ST/ZIP: ATLANTA, GA 30350

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL B THOMAS	
TITLE:	SECRETARY	
ADDRESS:	PO BOX 500219	
CITY/ST/ZIP/CO:	ATLANTA, GA 31150	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES S THOMAS JR	
TITLE:	CHAIRMAN	
ADDRESS:	PO BOX 500219	
CITY/ST/ZIP/CO:	ATLANTA, GA 31150	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EMILY THOMAS KENDRICK	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 500219	
CITY/ST/ZIP/CO:	ATLANTA, GA 31150	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN T WELCH	
TITLE:	ASST SECRETARY	
ADDRESS:	PO BOX 500219	
CITY/ST/ZIP/CO:	ATLANTA, GA 31150	

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 T WELCH	STEVEN T WELCH, ASST	4/2/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.