

1.) CORPORATION NAME: **ACCENT, INC. (USED IN VA BY: ACCENT ARCHITECTURALCANADA INC.)** DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **KAVITA S KNOWLES  
12642 CHAPEL RD  
CLIFTON, VA** SCC ID NO: **F1915695**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	12,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE: **FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION: **FN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 106 GUN AVENUE  
POINTE CLAIRE QUEBEE H9R 3X3  
  
CITY/ST/ZIP: Quebec, Canada

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: MYLES ADMIRAAL TITLE: PRESIDENT ADDRESS: 106 GUN AVENUE POINTE CLAIRE QUEBEE HR 3X3 CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: LEE ADMIRAAL TITLE: CONTROLLER ADDRESS: 106 GUN AVEN POINTE CLAIRE QUEBEC CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: DAVID ADMIRAAL TITLE: DIRECTOR ADDRESS: 106 GUN AVENUE POINTE CLAIRE QUEBEC CITY/ST/ZIP/CO: , , 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/ MYLES ADMIRAAL	MYLES ADMIRAAL, PRESIDENT	12/15/2015
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.