

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215544324				
1.) CORPORATION NAME: <b>D. Craig Wolff, P.C.</b>		DUE DATE: <b>11/30/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DAVID L MILLER 1650 TYSONS BLVD MCLEAN, VA</b>		SCC ID NO: <b>F1947490</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DC</b>		<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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 1650 TYSONS BOULEVARD						
CITY/ST/ZIP: MCLEAN, VA 22102						
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: D CRAIG WOLFF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: PRES/DIR						
ADDRESS: 1650 TYSONS BOULEVARD						
CITY/ST/ZIP/CO: MCLEAN, VA 22102						
NAME: QUINN BARACO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
TITLE: SECRETARY						
ADDRESS: PO BOX 2825						
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94126						
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/ QUINN BARACO	QUINN BARACO, SECRETARY	12/11/2015				
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.						