

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001314

Entity Name: MCDONOUGH BOLYARD PECK, INC.**Current Principal Place of Business:**3040 WILLIAMS DR., STE 300
FAIRFAX, VA 22031-4618**Current Mailing Address:**3040 WILLIAMS DR., STE 300
ATTN: ROB TYNES
FAIRFAX, VA 22031-4618**FEI Number:** 54-1527484**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, COO
Name	PECK, BLAKE V
Address	3040 WILLIAMS DR., STE 300
City-State-Zip:	FAIRFAX VA 22031-4618

Title	CHAIRMAN, CEO
Name	BOLYARD, CHARLES EJ.R.
Address	3040 WILLIAMS DR., STE 300
City-State-Zip:	FAIRFAX VA 22031-4618

Title	DIRECTOR
Name	PREZIOS, MICHAEL
Address	460 MCLAWS CIR., SUITE 140
City-State-Zip:	WILLIAMSBURG VA 23185

Title	DIRECTOR
Name	GALBRAITH, SCOTT A
Address	8875 HIDDEN RIVER PARKWAY, SUITE 300
City-State-Zip:	TAMPA FL 33637

Title	DIRECTOR
Name	PAYNE, CHRISTOPHER J
Address	3040 WILLIAMS DR., STE 300
City-State-Zip:	FAIRFAX VA 22031-4618

Title	SECRETARY, TREASURER
Name	DEWOLFE, LYNN C
Address	3040 WILLIAMS DR., STE 300
City-State-Zip:	FAIRFAX VA 22031-4618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNN C DEWOLFE**SECRETARY****01/16/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date