

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P28942

**Entity Name:** VALUE-ADDED COMMUNICATIONS, INC.

**FILED**  
**Apr 04, 2013**  
**Secretary of State**  
**CC7170130597**

**Current Principal Place of Business:**

12021 SUNSET HILLS ROAD  
SUITE 100  
RESTON, VA 20190

**Current Mailing Address:**

12021 SUNSET HILLS ROAD  
SUITE 100  
RESTON, VA 20190 US

**FEI Number: 36-3617386**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH CT NORTH  
LOXAHATCHEE, FL 33470 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 P  
Name HAIDINGER, JEFFERY B  
Address 12021 SUNSET HILLS ROAD  
SUITE 100  
City-State-Zip: RESTON VA 20190

Title SECRETARY  
Name RIDGEWAY, TERESA L  
Address 2609 CAMERON STREET  
City-State-Zip: MOBILE AL 36607

Title TREASURER  
Name YOW, STEVE  
Address 2609 CAMERON STREET  
City-State-Zip: MOBILE AL 36607

Title DIRECTOR  
Name OLIVER, BRIAN  
Address 12021 SUNSET HILLS ROAD  
SUITE 100  
City-State-Zip: RESTON VA 20190

Title DIRECTOR  
Name ROSSETTI, PAUL  
Address 12021 SUNSET HILLS ROAD  
SUITE 100  
City-State-Zip: RESTON VA 20190

Title DIRECTOR  
Name LEVINE, MATTHEW  
Address 12021 SUNSET HILLS ROAD  
SUITE 100  
City-State-Zip: RESTON VA 20190

Title DIRECTOR  
Name PENN, KEVIN  
Address 12021 SUNSET HILLS ROAD  
SUITE 100  
City-State-Zip: RESTON VA 20190

Title DIRECTOR  
Name LEVIN, BLAIR  
Address 12021 SUNSET HILLS ROAD  
SUITE 100  
City-State-Zip: RESTON VA 20190

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*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: TERESA L RIDGEWAY**

**SECRETARY**

**04/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            CALABRESE, WAYNE  
Address        12021 SUNSET HILLS ROAD  
                 SUITE 100  
City-State-Zip: RESTON VA 20190