

2016 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION



1. CORPORATION NAME:  
HADRIAN MANAGEMENT CORPORATION

DUE DATE: 12/31/16

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
CHRISTOPHER B HOLLEY  
10555 MAIN STREET  
SUITE 650  
FAIRFAX, VA 22030

SCC ID NO.: 0495114-1

5. STOCK INFORMATION

CLASS	AUTHORIZED

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
303-FAIRFAX CITY (FILED IN FAI)

4. STATE OR COUNTRY OF INCORPORATION:  
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: PO BOX 3030	ADDRESS:
CITY/ST/ZIP MERRIFIELD, VA 22116	CITY/ST/ZIP

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.

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Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JOHN TERMINI	NAME:
TITLE: P/CEO	TITLE:
ADDRESS: PO BOX 3030	ADDRESS:
CITY/ST/ZIP: MERRIFIELD, VA 22116	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

JOHN TERMINI  
PRINTED NAME AND CORPORATE TITLE

11-12-16  
DATE