

2016 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION



216186150

1. CORPORATION NAME:

STCon Inc.

DUE DATE: 12/31/16

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.

JAMES D BONNER  
15448 BEACHVIEW DR  
DUMFRIES, VA 22026

SCC ID NO.: 0568696-9

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

176-PRINCE WILLIAM COUNTY

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: 15448 BEACH VIEW DR	ADDRESS:
CITY/ST/ZIP MONTCLAIR, VA 22026	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.

Mark appropriate box unless area below is blank: <input 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 checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JANE L BONNER	NAME:
TITLE: VICE PRESIDENT	TITLE:
ADDRESS: 15448 BEACHVIEW DRIVE	ADDRESS:
CITY/ST/ZIP: MONTCLAIR, VA 22025	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

JAMES D. BONNER  
PRINTED NAME AND CORPORATE TITLE

12/31/16  
DATE

2016 ANNUAL REPORT CONTINUED

216186150--1/1/2017

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STCon Inc.

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JAMES D BONNER                  TITLE: CEO                  ADDRESS: 15448 BEACHVIEW DRIVE                  CITY/ST/ZIP: MONTCLAIR, VA 22025</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete information</p>	<p>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</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>

