V

	2016 ANNUAL REPORT
	COMMONWEALTH OF VIRGINIA
	STATE CORPORATION COMMISSION
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1. CORPORATION NAME: STCon Inc.		DUE DATE:		" [5 @
2. VA REGISTERED AGENT NAME AND OFFICE ADDRES JAMES D BONNER 15448 BEACHVIEW DR DUMFRIES, VA 22026	SS: DIR.	CLASS	NFORMATION AUTHORIZED]
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 176-PRINCE WILLIAM COUNTY		COMMON	1,500	
4. STATE OR COUNTRY OF INCORPORATION: VA-VIRGINIA				
DO NOT ATTEMPT TO ALTER THE INFORMATION ABO print in black only.	VE. Carefully read	the enclosed	instructions. Type or	•
6. PRINCIPAL OFFICE ADDRESS:				
Mark this box if address shown below is correct	If the block to the left is address below.	blank or contains inco	orrect data please add or correct the	
ADDRESS: 15448 BEACH VIEW DR CITY/ST/ZIP MONTCLAIR, VA 22026	ADDRESS: CITY/ST/ZIP			
	rs and principal officers mulant may be designated as		nd an officer.	0002111
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OFFICER 🗷 DIRECTOR 🗆		OFFICE	R DIRECTOR	
NAME: JANE L BONNER	NAME:			
TITLE: VICE PRESIDENT	TITLE:			
ADDRESS: 15448 BEACHVIEW DRIVE	ADDRESS:			
CITY/ST/ZIP: MONTCLAIR, VA 22025	CITY/ST/ZIP:			
	e and complete as c בי שמס B. B. איני שמס AME AND CORPORA	ER	ow. 12/3//16 DATE	-

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2016 ANNUAL REPORT CONTINUED

CORPORATION NAME: STCon inc.

DUE DATE: 12/31/16 SCC ID NO.: 0568696-9

All directors and principal officers must be listed.

An individual may be designated as both a director and an officer

7. DIRECTORS AND PHINCIPAL OFFICERS. (CONTINUED)	An individual may be designated as both a director and an officer.		
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement		
OFFICER 👿 DIRECTOR 🕱	OFFICER DIRECTOR		
NAME: JAMES D BONNER	NAME:		
TITLE: CEO	TITLE:		
ADDRESS: 15448 BEACHVIEW DRIVE	ADDRESS:		
CITY/ST/ZIP: MONTCLAIR, VA 22025	CITY/ST/ZIP:		
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement		
OFFICER DIRECTOR	OFFICER DIRECTOR		
NAME:	NAME:		
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