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2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

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NEW IMAGE SOLAR WINDOW TINTING COMPANY

DUE DATE: 06/30/14

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

SCC ID NO.: 0288847-7

MARK E SLAUGHTER 222 CENTRAL PARK AVENUE, SUITE 1500

5. STOCK INFORMATION

222 CENTRAL PARK AVENUE, SUITE 1500 VIRGINIA BEACH, VA 23462

| CLASS | AUTHORIZED |
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| COMMON | 2,000 |
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3. CITY OR COUNTY OF VA REGISTERED OFFICE: 228-VIRGINIA BEACH CITY4. STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Corptully road the angleson

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

6. PRINCIPAL OFFICE ADDRESS:

| 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: 1185 KENWOOD CT | ADDRESS: |
| | |
| | |
| | |
| CITY/ST/ZIP VA BEACH, VA 23454 | 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: Information is correct Delete information | If the block to the left is blank or contains incorrect data, pleaso mark appropriate box and enter information below: |
|---|--|
| OFFICER X DIRECTOR X | OFFICER DIRECTOR |
| NAME: REGINA E TILHOU | NAME: |
| TITLE: P/S | TITLE: |
| ADDRESS: 1185 KENWOOD COURT | ADDRESS: |
| CITY/ST/ZIP: VIRGINIA BEACH, VA 23454 | CITY/ST/ZIP: |

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

SIGNATURE OF BUBECTOR/OFFICER LISTED IN THIS REPORT Regno & T-11 non 8 (2) Il

PRINTED NAME AND CORPORATE TITLE

8.70.10

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.

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2014 ANNUAL REPORT CONTINUED

CORPORATION NAME:

NEW IMAGE SOLAR WINDOW TINTING COMPANY

DUE DATE:

06/30/14

SCC ID NO.: 0288847-7

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| 7. DIRECTORS AND PRINCIPAL 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 Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: |
| OFFICER X DIRECTOR X | OFFICER DIRECTOR |
| NAME: G CRAIG TILHOU | NAME: |
| TITLE: VP/T | TITLE: |
| ADDRESS: 1185 KENWOOD COURT | ADDRESS: |
| CITY/ST/ZIP: VIRGINIA BEACH, VA 23454 | CITY/ST/ZIP: |
| Mark appropriate box unless area below is blank; | If the block to the left is blank or contains incorrect data, please mark appropriate |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information | box and enter information below: Correction Addition Replacement |
| OFFICER DIRECTOR | OFFICER DIRECTOR |
| NAME: | NAME: |
| TITLE: | TITLE: |
| ADDRESS: | ADDRESS: |
| CITY/ST/ZIP: | CITY/ST/ZIP: |
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| Mark appropriate box unless area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate |
| 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: |
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| □ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: | box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: |
| □ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: TITLE: | box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: TITLE: |
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| □ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: □ Information is correct □ Information □ Delete information | DIRECTOR DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| □ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: □ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ | DIRECTOR Addition Replacement OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: 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 |
| Information is correct Information is incorrect Delete information | DOFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: OFFICER DIRECTOR NAME: |

