

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21416.1147--11/6/2014

214161147

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1. CORPORATION NAME:

STCon Inc.

DUE DATE: 12/31/14

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:

0002000



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

James D. Bonner
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

JAMES D. BONNER President
PRINTED NAME AND CORPORATE TITLE

11/3/14
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.

CORPORATION NAME:
STCon Inc.

DUE DATE: 12/31/14
SCC ID NO.: 0568696-9

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

<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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> 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"/> 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"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> 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"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> 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"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>



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1. CORPORATION NAME:
MAYHUGH GROUP, INC., THE

DUE DATE: 12/31/14

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
KRISTINA KEECH SPITLER
VANDERPOOL FROSTICK & NISHANIAN
9200 CHURCH ST STE 400
MANASSAS, VA 20110

SCC ID NO.: 0476002-1

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
308-MANASSAS CITY (FILED-PRINC)

4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

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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: 14122 FEATHER LANE	ADDRESS:
CITY/ST/ZIP NOKESVILLE, VA 20181	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 checked="" type="checkbox"/> NAME: GILBERT MILTON MAYHUGH EDD TITLE: PRESIDENT ADDRESS: 14122 FEATHER LANE CITY/ST/ZIP: NOKESVILLE, VA 20181	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:



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


GILBERT M. MAYHUGH, PRESIDENT, 11/3/14
 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE DATE

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