



**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215172825--11/16/2015

215172825



1. CORPORATION NAME:
STCon Inc.

DUE DATE: 12/31/15

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 CITY/ST/ZIP MONTCLAIR, VA 22026	ADDRESS: 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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JANE L BONNER TITLE: VICE PRESIDENT ADDRESS: 15448 BEACHVIEW DRIVE CITY/ST/ZIP: MONTCLAIR, VA 22025	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0002075



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
PRINTED NAME AND CORPORATE TITLE

11/12/15
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.

2015 ANNUAL REPORT CONTINUED

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

