

2017 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



1. CORPORATION NAME:
PANTECH, INCORPORATED

DUE DATE: 12/31/17

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
FREDERICK N ORNITZ
LAW OFFICE OF FREDERICK N ORNITZ
3609B CHAIN BRIDGE RD
FAIRFAX, VA 22030

SCC ID NO.: 0280415-1

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
303-FAIRFAX CITY (FILED IN FAI)

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: 6024 RIVER DR. CITY/ST/ZIP LORTON, VA 22079	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.

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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: C PATRICK HENRY TITLE: PRESIDENT ADDRESS: 6024 RIVER DR CITY/ST/ZIP: LORTON, VA 22079	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.

C Patrick Henry
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

C PATRICK HENRY
PRINTED NAME AND CORPORATE TITLE

2/1/18
DATE

CORPORATION NAME:
PANTECH, INCORPORATED

DUE DATE: 12/31/17
SCC ID NO.: 0280415-1

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: KEVIN M HENRY TITLE: VICE PRESIDENT ADDRESS: 6024 RIVER DRIVE CITY/ST/ZIP: LORTON, VA 22079</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>

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