

**2018 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



218045665

1. CORPORATION NAME:

OnMessage, Inc.

DUE DATE: **04/30/18**

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

FRANK SOFOCLEOUS
706 S WASHINGTON ST
FALLS CHURCH, VA 22046

SCC ID NO.: **0636043-2**

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

304-FALLS CHURCH CITY (FILED I

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: 815 SLATERS LANE	ADDRESS:
CITY/ST/ZIP ALEXANDRIA, VA 22314	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 checked="" 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"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: CURTIS ANDERSON TITLE: PARTNER ADDRESS: 2000 COLERIDGE LANE CITY/ST/ZIP: CROWNSVILLE, MD 21032	NAME: TITLE: ADDRESS: CITY/ST/ZIP:



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

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Curt Anderson, Partner
PRINTED NAME AND CORPORATE TITLE

2/27/18
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.

2018 ANNUAL REPORT CONTINUED

21804565

CORPORATION NAME:
OnMessage, Inc.

DUE DATE: 04/30/18
SCC ID NO.: 0636043-2

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

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

<p>Mark appropriate box unless area below is blank: <input checked="" 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"/></p> <p>NAME: ORRIN HARRISON TITLE: PARTNER ADDRESS: 414 TYLER PLACE CITY/ST/ZIP: ALEXANDRIA, VA 22302</p>	<p>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 checked="" 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"/></p> <p>NAME: GRAHAM SHAFER TITLE: PARTER ADDRESS: 2203 SOUTH RD CITY/ST/ZIP: BALTIMORE, MD 21209</p>	<p>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 checked="" 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"/></p> <p>NAME: TIMOTHY TEEPELL TITLE: PARTNER ADDRESS: 305 WOODSTONE DR CITY/ST/ZIP: BATON ROUGE, LA 70810</p>	<p>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 checked="" 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"/></p> <p>NAME: BRAD TODD TITLE: PARTNER ADDRESS: 307 WEST WALNUT ST. CITY/ST/ZIP: ALEXANDRIA, VA 22301</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>



Addition
 officer Director
 Wesley Anderson
 2512 Chapman Ln
 Davidsonville, MD 21035