

2007 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



① CORPORATION NAME:
BOLTON PARTNERS INVESTMENT CONSULTING GROUP, INC.

DUE DATE: 07/31/07

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
JAMES C BRINCEFIELD JR

CORPORATE ID: F143242-8

526 KING ST

ALEXANDRIA, VA 23314

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
200-ALEXANDRIA CITY

④ STATE OR COUNTRY OF INCORPORATION:
MD-MARYLAND

⑤ STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below
ADDRESS: 575 S CHARLES ST SUITE 410	ADDRESS:
CITY/ST/ZIP BALTIMORE, MD 21201	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 information at lower left is incorrect or blank, 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: ROBERT G BOLTON TITLE: PRESIDENT ADDRESS: 575 S CHARLES ST SUITE 500 CITY/ST/ZIP: BALTIMORE, MD 21201	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.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.

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AP02V Rev 12 03/07

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CORPORATE ID: F143242-8

⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued):

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OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: CAROL BOYKIN TITLE: VICE PRESIDENT ADDRESS: 575 S CHARLES ST STE 410 CITY/ST/ZIP: BALTIMORE, MD 21201		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
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