

1.) CORPORATION NAME:

RAPPAHANNOCK LEGAL SERVICES, INCORPORATED

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANN H KLOECKNER
618 KENMORE AVENUE
SUITE 1-A**

SCC ID NO: **01456359**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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FREDERICKSBURG, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FREDERICKSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 618 KENMORE AVE
STE 1-A

CITY/ST/ZIP: FREDERICKSBURG, VA 22401

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.

NAME:	JOHN ELLIS ESQ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	174 BAYBERRY POINT LANE		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	JEANNE DAHNK ESQ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1103 PRINCESS ANNE ST.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

NAME:	TERI DRAKOPULOS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	618 KENMORE AVE, SUITE 1-A		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

NAME:	GEORGE F. STOCKES III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	S.A.F.E. PO BOX 402		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		

NAME:	ERIC OLSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 66		
CITY/ST/ZIP/CO:	STAFFORD, VA 22555		

NAME: CATHALEEN B. SKINNER TITLE: DIRECTOR ADDRESS: OFC OF CONSUMER RESPONSE/CFPB 1700 G STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20006	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MATTHEW R. KITE TITLE: DIRECTOR ADDRESS: PO BOX 292 CITY/ST/ZIP/CO: KING WILLIAM, VA 23086	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TAMARA JEZIC TITLE: DIRECTOR ADDRESS: ALLEN & ALLEN 3504 PLANK ROAD CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: COLLEEN JORDAN TITLE: DIRECTOR ADDRESS: PO BOX 1734 CITY/ST/ZIP/CO: WARSAW, VA 22572	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID R. DANIELI TITLE: DIRECTOR ADDRESS: GETTY AND ASSOCIATES PO BOX 1040 CITY/ST/ZIP/CO: LOCUST GROVE, VA 22508	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DEIRDRE CALANESE TITLE: DIRECTOR ADDRESS: PBMARES 725 JACKSON STREET CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CANDICE L. HALL TITLE: DIRECTOR ADDRESS: PO BOX 218 CITY/ST/ZIP/CO: THE PLAINES, VA 20198	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JUDITH BUDD TITLE: DIRECTOR ADDRESS: PO BOX 695 CITY/ST/ZIP/CO: BOWLING GREEN, VA 22427	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANN H. KLOECKNER TITLE: EXEC DIRECTOR ADDRESS: 618 KENMORE AVENUE SUITE 1-A CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ TERI DRAKOPULOS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERI DRAKOPULOS, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/30/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		