

1.) CORPORATION NAME:

**Fredericksburg Christian Educational Services, Inc.**

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**ROBERT B EASTERLING**

**2217 PRINCESS ANNE ST STE 100-2**

**FREDERICKSBURG, VA 22401**

SCC ID NO: **02066363**

5.) STOCK INFORMATION

|       |            |
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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FREDERICKSBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9400 THORNTON ROLLING RD

CITY/ST/ZIP: FREDERICKSBURG, VA 22408-

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: GARY FOSS  
TITLE: PRESIDENT  
ADDRESS: 523 FERRY RD.  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405-

OFFICER

DIRECTOR

NAME: RICHARD YOST  
TITLE: VICE PRESIDENT  
ADDRESS: P O BOX 145  
CITY/ST/ZIP/CO: DOGUE, VA 22451-

OFFICER

DIRECTOR

NAME: ROBERT DUFFY  
TITLE: DIRECTOR  
ADDRESS: PO BOX 103  
CITY/ST/ZIP/CO: WOODFORD, VA 22580-

OFFICER

DIRECTOR

NAME: DR STEVEN MANDELL  
TITLE: DIRECTOR  
ADDRESS: P O BOX 1275  
CITY/ST/ZIP/CO: BOWLING GREEN, VA 22427-

OFFICER

DIRECTOR

NAME: SCOTT M FULLER  
TITLE: SECRETARY  
ADDRESS: 314 LAUREL AVE  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408-

OFFICER

DIRECTOR

|  |                                  |  |
|--|----------------------------------|--|
| NAME: MURIEL MAY<br>TITLE: DIRECTOR<br>ADDRESS: PO BOX 8381<br>CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22404- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|----------------------------------|--|

|  |                                  |  |
|--|----------------------------------|--|
| NAME: LARRY ROOT<br>TITLE: DIRECTOR<br>ADDRESS: 1025 FICKLEN ROAD<br>CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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|   |                                  |  |
|---|----------------------------------|--|
| NAME: DONA WILSON<br>TITLE: DIRECTOR<br>ADDRESS: 10705 JOSHUA LANE<br>CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408- | <input type="checkbox"/> OFFICER | <input checked="" 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/ SCOTT M FULLER                                  | SCOTT M FULLER, SECRETARY        | 7/14/2011 |
| 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, 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.