

1.) CORPORATION NAME: <b>Great Aspirations Scholarship Program, Inc.</b>	DUE DATE: <b>3/31/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ANNE MICHIE 4051 COX RD GLEN ALLEN, VA</b>	SCC ID NO: <b>02280162</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 4551 COX RD STE 110 CITY/ST/ZIP: GLEN ALLEN, VA 23060	
--	--

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: DAVID BRAT TITLE: VICE PRESIDENT ADDRESS: 11601 HICKORY LAKE TERRACE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS M DENSON TITLE: TREASURER ADDRESS: 2737 DALKEITH DR CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT HOLSWORTH TITLE: CHAIRMAN ADDRESS: 10260 SIOUX ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ELIZABETH E HEGGIE TITLE: DIRECTOR ADDRESS: 4551 COX RD STE 110 CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<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/ ELIZABETH E HEGGIE	ELIZABETH E HEGGIE, DIRECTOR	3/31/2014
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.