

1.) CORPORATION NAME: HELP AND EMERGENCY RESPONSE	DUE DATE: 1/31/2016
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARY MORGAN 200 HIGH ST PORTSMOUTH, VA	SCC ID NO: 02507424
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PORTSMOUTH CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 82 CHANNING AVE
PO BOX 2187

CITY/ST/ZIP: PORTSMOUTH, VA 23702

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: CRYSTAL RIVERBARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: PRESIDENT			
ADDRESS: 5901 HAROURVIEW BLVD			
CITY/ST/ZIP/CO: SUFFOLK, VA 23321			

NAME: VY BARTO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: VICE PRESIDENT			
ADDRESS: 42 CHARLENE LOOP			
CITY/ST/ZIP/CO: HAMPTON, VA 28666			

NAME: VIVIAN PARKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: TREASURER			
ADDRESS: 144 N GREAT NECK ROAD			
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23435			

NAME: ASHLEY JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: SECRETARY			
ADDRESS: 388 BOUSH STREET			
CITY/ST/ZIP/CO: NORFOLK, VA 23510			

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/ CRYSTAL RIVERBARK	CRYSTAL RIVERBARK, PRESIDENT	12/29/2015
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.