

1.) CORPORATION NAME: WHAT'S THE SCOOP, INC.	DUE DATE: 11/30/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHARLES B LINDSEY 1803 RAMPART DR ALEXANDRIA, VA 22308	SCC ID NO: 02632305				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 110 KING ST CITY/ST/ZIP: ALEXANDRIA, VA 22314	
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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: LYNNE M LINDSEY TITLE: VICE PRESIDENT ADDRESS: 1803 RAMPART DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22308	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES B LINDSEY TITLE: PRESIDENT ADDRESS: 1803 RAMPART DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22308	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: CAROL A LINDSEY TITLE: SECRETARY ADDRESS: 1620 MAIDEN LN CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911	<input checked="" 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/ LYNNE M LINDSEY	LYNNE M LINDSEY, VICE PRESIDENT	10/2/2012
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.