

1.) CORPORATION NAME:

THE COPPER CREST RIDING THERAPY PROGRAM, INC.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANDREW PRESSING
265 SHERWOOD FOREST
WYTHEVILLE, VA 24382**

SCC ID NO: **03352267**

5.) STOCK INFORMATION

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

WYTHE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 265 SHERWOOD FOREST

CITY/ST/ZIP: WYTHEVILLE, VA 24382

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.

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| NAME: ANDREW R PRESSING TITLE: PRESIDENT ADDRESS: 265 SHERWOOD FOREST RD CITY/ST/ZIP/CO: WYTHEVILLE, VA 24382 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: PATTY DUPUIS TITLE: TREASURER ADDRESS: 360 E WITHERS ROAD CITY/ST/ZIP/CO: WYTHEVILLE, VA 24382 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: SUE ARNEST TITLE: DIRECTOR ADDRESS: PO BOX 604 CITY/ST/ZIP/CO: MAX MEADOWS, VA 24360 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: SUE HYLTON TITLE: DIRECTOR ADDRESS: 11 SONGBIRD LANE CITY/ST/ZIP/CO: BLAND, VA 24315 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Melissa Welch TITLE: secretary ADDRESS: 840 E Washington St CITY/ST/ZIP/CO: Wytheville, VA 24382 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Uva Havens TITLE: DIRECTOR ADDRESS: 495 10th St. CITY/ST/ZIP/CO: Wytheville, VA 24382 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

NAME: Misty Wright
TITLE: DIRECTOR
ADDRESS: 122 Muskrat Rd
CITY/ST/ZIP/CO: Wytheville, VA 24382

OFFICER

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.

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|---|---|------------------|
| <u>/s/ ANDREW R PRESSING</u> | <u>ANDREW R PRESSING,</u> | <u>2/28/2013</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT 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.