

1.) CORPORATION NAME:

**Southeastern Virginia Golden Retriever Rescue, Education and Training, Inc.**

DUE DATE: **1/31/2013**

SCC ID NO: **04216867**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES T. O'CONNELL, JR.  
3 FORTH RIVER  
WILLIAMSBURG, VA 23188**

5.) STOCK INFORMATION

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

**JAMES CITY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 8014

CITY/ST/ZIP: YORKTOWN, VA 23693

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:	JANE FRYE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2229 WILD OAK CRESCENT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23456		

NAME:	JAMES T O'CONNELL JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3 FORTH RIVER		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	Dorothy Cleal	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5514 Riverside Drive		
CITY/ST/ZIP/CO:	Richmond, VA 23225		

NAME:	Nicki Seger	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	206 Porter Avenue		
CITY/ST/ZIP/CO:	Hampton, VA 23669		

NAME:	Katie Show	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	321 66th Street		
CITY/ST/ZIP/CO:	New, VA 23607		

NAME:	Kelly O	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2916 Jupiter Street		
CITY/ST/ZIP/CO:	Virginia Beach, VA 23452		

NAME: Rose Bennett TITLE: DIRECTOR ADDRESS: 12316 Lullington Drive CITY/ST/ZIP/CO: Richmond, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jacob Kay TITLE: DIRECTOR ADDRESS: 36 Kenilworth Drive CITY/ST/ZIP/CO: Hampton, VA 23666	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marilyn Passori TITLE: DIRECTOR ADDRESS: 805 Riston Court CITY/ST/ZIP/CO: Chesapeake, VA 23322	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Quanzhan Li TITLE: DIRECTOR ADDRESS: 12340 Bridgehead Place CITY/ST/ZIP/CO: Glen Allen, VA 23059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lindsey Downes TITLE: DIRECTOR ADDRESS: 408 Nansemond St, #6 CITY/ST/ZIP/CO: Richmond, VA 23221	<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/ JAMES T O'CONNELL JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES T O'CONNELL JR, TREASURER PRINTED NAME AND CORPORATE TITLE	1/19/2013 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.		