

1.) CORPORATION NAME:

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

DUE DATE: **1/31/2014**

SCC ID NO: **04216867**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	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:	7112 Patriots Colony Drive		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

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:	ROSE BENNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12316 LULLINGTON DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		

NAME:	JACOB KAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	36 KENILWORTH DRIVE		
CITY/ST/ZIP/CO:	HAMPTON, VA 23666		

NAME:	QUANZHAN LI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12340 BRIDGEHEAD PLACE		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		

NAME: KATIE SHOW TITLE: DIRECTOR ADDRESS: 321 66TH STREET CITY/ST/ZIP/CO: NEW, VA 23607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robyn Beasley TITLE: DIRECTOR ADDRESS: 699 Potato Neck Road CITY/ST/ZIP/CO: Haywood, VA 23138, VA 23138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda Lowman TITLE: DIRECTOR ADDRESS: 10130 Saint Joan Avenue CITY/ST/ZIP/CO: Chesterfield, VA 23236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kristi Neal Packer TITLE: DIRECTOR ADDRESS: 6216 Glyndon Lane CITY/ST/ZIP/CO: Richmond, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Largo Elston TITLE: DIRECTOR ADDRESS: 4073 S. Riverside Drive CITY/ST/ZIP/CO: Lenexa, VA 23089	<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	1/29/2014 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.		