

1.) CORPORATION NAME:

**LANDMARK CENTER FOR THERAPEUTIC BODYWORKS,
INC.**

DUE DATE: **9/30/2012**

SCC ID NO: **04528501**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VIKTOR V BOCHARNIKOV
11228 SORREL RIDGE LN
OAKTON, VA 22124**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 S. PICKETT ST, UNIT 204

CITY/ST/ZIP: ALEXANDRIA, VA 22304

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:	VIKTOR VLADIMIR BOCHARNIKOV	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11228 SORREL RIDGE LANE		
CITY/ST/ZIP/CO:	OAKTON, VA 22124		

NAME:	VIKTOR V BOCHARNIKOV	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 S PICKETT ST., UNIT 204		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304		

NAME:	MICHELE SUSSKIND BOCHARNIKOV	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 S. PICKETT ST, UNIT 204		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304		

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.

<u>/s/ VIKTOR V BOCHARNIKOV</u>	<u>VIKTOR V BOCHARNIKOV,</u>	<u>9/28/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.