

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212533556

1.) CORPORATION NAME:

**CENTRAL VIRGINIA MEDIATION NETWORK, INC.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOSEPH W BOISINEAU  
102 GOVERNOR ST RM LL37  
RICHMOND, VA 23219**

SCC ID NO: **04893814**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO Box 14572

CITY/ST/ZIP: RICHMOND, VA 23221

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ERIN WILLIAMS				
TITLE:	MEMBER AT LARGE				
ADDRESS:	PO BOX 1163				
CITY/ST/ZIP/CO:	RICHMOND, VA 23216				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOSEPH BOISINEAU				
TITLE:	VICE PRESIDENT				
ADDRESS:	1509 SANDGATE ROAD				
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	TINA HOLT				
TITLE:	TREASURER				
ADDRESS:	900 E MAIN STREET, 2ND FLOOR				
CITY/ST/ZIP/CO:	RICHMOND, VA 23219				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	HEATHER SCHOFIELD				
TITLE:	PRESIDENT				
ADDRESS:	8302 GWINNETT ROAD				
CITY/ST/ZIP/CO:	RICHMOND, VA 23229				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	NANCY BROOKING				
TITLE:	VICE PRESIDENT				
ADDRESS:	6933 COMMONS PLAZA, SUITE 236				
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23832				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ANNE EDGERTON				
TITLE:	SECRETARY				
ADDRESS:	PO BOX 14572				
CITY/ST/ZIP/CO:	RICHMOND, VA 23221				

NAME:	MICHELLE TOWNSEND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MEMBER AT LARGE		
ADDRESS:	900 E MAIN STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		

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/ TINA HOLT	TINA HOLT, TREASURER	8/30/2012
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.