

1.) CORPORATION NAME:

**Brunswick Crime Solvers, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VIRGINIA REGISTERED AGENT LLC  
411 S HICKS ST  
PO BOX 580**

SCC ID NO: **05538764**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**LAWRENCEVILLE, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**BRUNSWICK COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 411 S HICKS STREET  
PO BOX 580

CITY/ST/ZIP: LAWRENCEVILLE, VA 23868

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:	ANNE RYLANDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	120 SIXTH AVE		
CITY/ST/ZIP/CO:	LAWRENCEVILLE, VA 23868		

NAME:	SIGMUND JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 206		
CITY/ST/ZIP/CO:	LAWRENCEVILLE, VA 23868		

NAME:	RAY THOMAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	678 AIRPORT DRIVE		
CITY/ST/ZIP/CO:	LAWRENCEVILLE, VA 23868		

NAME:	LORENZA J GOODRICH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	205 DAVENPORT ST		
CITY/ST/ZIP/CO:	LAWRENCEVILLE, VA 23868		

NAME:	JOYCE GREEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	310 PINEHURST PL		
CITY/ST/ZIP/CO:	ALBERTA, VA 23821		

NAME:	TOMMY JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	33 FOREST AVE		
CITY/ST/ZIP/CO:	ALBERTA, VA 23821		

NAME: DOUGLAS POND TITLE: DIRECTOR ADDRESS: 115 W SIXTH AVE CITY/ST/ZIP/CO: LAWRENCEVILLE, VA 23868	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN ROBINSON JR TITLE: DIRECTOR ADDRESS: PO BOX 277 CITY/ST/ZIP/CO: LAWRENCEVILLE, VA 23868	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ SIGMUND JONES	SIGMUND JONES, TREASURER	6/25/2013
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.