

1.) CORPORATION NAME:

**Brunswick Crime Solvers, Inc.**

DUE DATE: **2/28/2015**

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 |
|-------|------------|

**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:           | 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:           | 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:           | 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<br>TITLE: DIRECTOR<br>ADDRESS: 115 W SIXTH AVE<br>CITY/ST/ZIP/CO: LAWRENCEVILLE, VA 23868 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|----------------------------------|--|

|   |                                  |  |
|---|----------------------------------|--|
| NAME: JOHN ROBINSON JR<br>TITLE: DIRECTOR<br>ADDRESS: PO BOX 277<br>CITY/ST/ZIP/CO: LAWRENCEVILLE, VA 23868 | <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/ SIGMUND JONES                                   | SIGMUND JONES, TREASURER         | 6/30/2015 |
| 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.