

1.) CORPORATION NAME:

**Community Opportunities (Co-Op), Inc.**

DUE DATE: **4/30/2010**

SCC ID NO: **05568076**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
CHRIS BURTON  
1417 HIGHLAND CIRCLE SE  
BLACKSBURG, VA 24060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**MONTGOMERY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2155 CRAIG CREEK ROAD

CITY/ST/ZIP: BLACKSBURG, VA 24060-

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: CHRIS BURTON  
TITLE: PRES/BRD  
ADDRESS: 1417 HIGHLAND CIRCLE SE  
CITY/ST/ZIP/CO: BLACKSBURG, VA 24060-

OFFICER

DIRECTOR

NAME: MARTIN DANIEL  
TITLE: TREASURER  
ADDRESS: 306 CORK AVE  
CITY/ST/ZIP/CO: BLACKSBURG, VA 24060-

OFFICER

DIRECTOR

NAME: JUDY GWAZDAUSKAS  
TITLE: DIRECTOR  
ADDRESS: 805 SUMMIT DRIVE  
CITY/ST/ZIP/CO: BLACKSBURG, VA 24060-

OFFICER

DIRECTOR

NAME: BRAD BIZZELL  
TITLE: SEC/BOARD  
ADDRESS: 2314 TERRA BELLA ST  
CITY/ST/ZIP/CO: BLACKSBURG, VA 24060-

OFFICER

DIRECTOR

NAME: KATIE LEMON  
TITLE: DIRECTOR  
ADDRESS: 4572 PEARMAN RD  
CITY/ST/ZIP/CO: BLACKSBURG, VA 24060-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE MCARTHUR-FOX DIRECTOR 2155 CRAIG CREEK RD BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES FOX DIRECTOR 2155 CRAIG CREEK ROAD BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUTH MCLACHLAN DIRECTOR 1542 PUTTER LN CHRISTIANSBURG, VA 24073-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN MILLER DIRECTOR 3065 MUDPIKE RD CHRISTIANSBURG, VA 24073-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B.J. NORRIS DIRECTOR 890 COALWOOD WAY BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOANNE WEYERS DIRECTOR 912 MASON DRIVE BLACKSBURG, VA 24060-	<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/ CHARLES FOX	CHARLES FOX, DIRECTOR	8/31/2010
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.