

1.) CORPORATION NAME:

Creative Cauldron, Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **05721063**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

**LAURA CONNORS HULL
410 SOUTH MAPLE AVENUE
RETAIL # 1**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

FALLS CHURCH, VA 22046

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 410 SOUTH MAPLE AVE
R-1

CITY/ST/ZIP: FALLS CHURCH, VA 22046-

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:	JO ANN H OVERHOLT	
TITLE:	TREASURER	
ADDRESS:	4925 TERRACE ARBOR CIRCLE	
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JANINE BENTON	
TITLE:	DIRECTOR	
ADDRESS:	2603 SHELBY LANE	
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LAURA CONNORS HULL	
TITLE:	DIRECTOR	
ADDRESS:	2923 JOHNSON RD	
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARTY MESERVE	
TITLE:	DIRECTOR	
ADDRESS:	708 BERRY STREET	
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DEBRA JORDAN	
TITLE:	DIRECTOR	
ADDRESS:	6455 WOODRIDGE ROAD	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22044-	

NAME: GINA CACECI TITLE: PRESIDENT ADDRESS: 204 NORTH VAN BUREN STREET CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROB DONOVAN TITLE: VICE PRESIDENT ADDRESS: 103 WEST GEORGE MASON ROAD CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JON WIANT TITLE: SECRETARY ADDRESS: 112 W GREENWAY BOULEVARD CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NICHOLAS BENTON TITLE: DIRECTOR ADDRESS: 400 JAMES COURT CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANDRES JORDAN TITLE: DIRECTOR ADDRESS: 6455 WOODRIDGE ROAD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARY LAYNE KALBFLEISCH TITLE: DIRECTOR ADDRESS: 25260 LAKE SHORE DRIVE CITY/ST/ZIP/CO: SOUTH RIDING, VA 20152-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SHARON VAN DUIZEND TITLE: DIRECTOR ADDRESS: 600 LANGSTON LANE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-	<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/ LAURA CONNORS HULL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAURA CONNORS HULL, DIRECTOR PRINTED NAME AND CORPORATE TITLE
3/2/2011 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.	