

1.) CORPORATION NAME:

Creative Cauldron, Inc.

DUE DATE: **2/29/2012**

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
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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.

NAME: GINA CACECI
TITLE: PRESIDENT
ADDRESS: 204 NORTH VAN BUREN STREET
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-

OFFICER

DIRECTOR

NAME: ROB DONOVAN
TITLE: VICE PRESIDENT
ADDRESS: 103 WEST GEORGE MASON ROAD
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-

OFFICER

DIRECTOR

NAME: JON W IANT
TITLE: SECRETARY
ADDRESS: 112 W GREENWAY BOULEVARD
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: NICHOLAS BENTON
TITLE: DIRECTOR
ADDRESS: 400 JAMES COURT
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-

OFFICER

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: 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: 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: 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
NAME: LAURA CONNORS HULL TITLE: DIRECTOR ADDRESS: 2923 JOHNSON ROAD CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042-1609	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA SHARPE TITLE: DIRECTOR ADDRESS: 408 SOUTH WEST STREET 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
2/29/2012 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.	