

1.) CORPORATION NAME:

Creative Cauldron, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05721063**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	204 NORTH VAN BUREN STREET		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046		

NAME:	ROB DONOVAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	103 WEST GEORGE MASON ROAD		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046		

NAME:	JO ANN H OVERHOLT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4925 TERRACE ARBOR CIRCLE		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		

NAME:	NICHOLAS BENTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 JAMES COURT		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046		

NAME:	LAURA CONNORS HULL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2923 JOHNSON ROAD		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042-1609		

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDRES JORDAN DIRECTOR 6455 WOODRIDGE ROAD ALEXANDRIA, VA 22312	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY LAYNE KALBFLEISCH DIRECTOR 25260 LAKE SHORE DRIVE SOUTH RIDING, VA 20152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTY MESERVE SECRETARY 708 BERRY STREET FALLS CHURCH, VA 22042	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA SHARPE DIRECTOR 408 SOUTH WEST STREET FALLS CHURCH, VA 22046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON VAN DUIZEND DIRECTOR 600 LANGSTON LANE 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	2/27/2013 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.			