

1.) CORPORATION NAME:

Saint Seton's Orphaned Animals

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
JEANETTE ALLARD
1 SUMMEY ST
FREDERICKSBURG, VA 22406**

SCC ID NO: **05755418**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

STAFFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PMB 131
560 CELEBRATE VIRGINIA PKWY. #103

CITY/ST/ZIP: FREDERICKSBURG, VA 22406-

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:	CARL ALLARD			
TITLE:	PRESIDENT			
ADDRESS:	1 SUMMEY COURT			
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22406-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JEANETTE ALLARD			
TITLE:	VICE PRESIDENT			
ADDRESS:	1 SUMMEY STREET			
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22406-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	VIRGINIA REYNOLDS			
TITLE:	OFFCR AT LARGE			
ADDRESS:	2396 POCAHONTAS DRIVE			
CITY/ST/ZIP/CO:	POWHATAN, VA 23139-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DIANE GLASS			
TITLE:	MARKETING DIREC			
ADDRESS:	2914 IRVINGTON ROAD			
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	KEV N GLASS			
TITLE:	IT DIRECTOR			
ADDRESS:	2914 IRVINGTON RD			
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042-			

NAME: SUSAN BUNCH TITLE: DIRECTOR ADDRESS: 6013 LORETTO STREET CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALICE IRVIN TITLE: DIRECTOR ADDRESS: 2824 8TH ST S #181-A CITY/ST/ZIP/CO: ARLINGTON, VA 22204-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CLAIRE WEST TITLE: DIRECTOR ADDRESS: 451 LAKE CAROLINE DR. CITY/ST/ZIP/CO: RUTHER GLEN, VA 22546-	<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/ JEANETTE ALLARD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEANETTE ALLARD, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE
3/11/2012 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.	