

1.) CORPORATION NAME:

Cabaniss Caring

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
VIRGINIE F CABANISS
4925 BOONSBORO RD
PMB 225**

LYNCHBURG, VA 24503

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LYNCHBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **11/30/2011**

SCC ID NO: **06062830**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4925 BOONSBORO RD
PMB 225

CITY/ST/ZIP: LYNCHBURG, VA 24503-

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: JAMES C CABANISS JR
TITLE: PRESIDENT
ADDRESS: 4925 BOONSBORO RD
PMB 225
CITY/ST/ZIP/CO: LYNCHBURG, VA 24503-

OFFICER

DIRECTOR

NAME: SUSAN ANGUS
TITLE: TREASURER
ADDRESS: PO BOX 1042
CITY/ST/ZIP/CO: AMHERST, VA 24521-

OFFICER

DIRECTOR

NAME: VIRGINIE F CABANISS
TITLE: SECRETARY
ADDRESS: 4925 BOONSBORO RD
PMB 225
CITY/ST/ZIP/CO: LYNCHBURG, VA 24503-

OFFICER

DIRECTOR

NAME: GRACIE GUNNELL
TITLE: DIRECTOR
ADDRESS: 12351 MARTINSVILLE HWY
CITY/ST/ZIP/CO: DANVILLE, VA 24541-

OFFICER

DIRECTOR

NAME: PETER PARZIALE
TITLE: DIRECTOR
ADDRESS: PO BOX 255
CITY/ST/ZIP/CO: FOREST, VA 24551-

OFFICER

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/ SUSAN ANGUS	SUSAN ANGUS, TREASURER	11/30/2011
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.