

1.) CORPORATION NAME:

Solution Services Corp.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **7/31/2011**

SCC ID NO: **06199483**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 136-1 CREEKSIDE LANE

CITY/ST/ZIP: WINCHESTER, VA 22602-

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: MICHAEL J HALSETH
TITLE: CEO
ADDRESS: SOLUTION SERVICES CORP
136-1 CREEKSIDE LANE
CITY/ST/ZIP/CO: WINCHESTER, VA 22602-

OFFICER DIRECTOR

NAME: SUSAN CABELL MAINS
TITLE: DIRECTOR
ADDRESS: 459 LOCUST AVE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER DIRECTOR

NAME: JAN H MANGUN
TITLE: DIRECTOR
ADDRESS: 78 MEDICAL CENTER DRIVE
CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939-

OFFICER DIRECTOR

NAME: JAMES KRAUSS
TITLE: DIRECTOR
ADDRESS: 2010 HEALTH CAMPUS DRIVE
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER DIRECTOR

NAME: MARK H MERRILL
TITLE: TREASURER
ADDRESS: 220 CAMPUS BLVD, STE 420
CITY/ST/ZIP/CO: WINCHESTER, VA 22601-

OFFICER DIRECTOR

NAME: CRAIG LEWIS TITLE: DIRECTOR ADDRESS: 220 CAMPUS BLVD STE 420 CITY/ST/ZIP/CO: WINCHESTER, VA 22601-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL BURRIS TITLE: DIRECTOR ADDRESS: 459 LOCUST AVENUE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICK HAUSHALTER TITLE: DIRECTOR ADDRESS: 2010 HEALTH CAMPUS DRIVE CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARY MANNIX TITLE: VICE CHAIRMAN ADDRESS: 78 MEDICAL CENTER DRIVE CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS LUMSDEN TITLE: CHAIRMAN ADDRESS: 2204 WILBORN AVENUE CITY/ST/ZIP/CO: SOUTH BOSTON, VA 22592-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEWART NELSON TITLE: DIRECTOR ADDRESS: 2204 WILBORN AVENUE CITY/ST/ZIP/CO: SOUTH BOSTON, VA 22592-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RODGER BAKER TITLE: SECRETARY ADDRESS: 500 HOSPITAL DRIVE CITY/ST/ZIP/CO: WARRENTON, VA 20186-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LIONEL PHILLIPS TITLE: DIRECTOR ADDRESS: 500 HOSPITAL DRIVE CITY/ST/ZIP/CO: WARRENTON, VA 20186-	<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/ MICHAEL J HALSETH	MICHAEL J HALSETH, CEO	7/22/2011
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.