

1.) CORPORATION NAME:

Solution Services Corp.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARY BARRICK
136-1 CREEKSIDE LANE
WINCHESTER, VA**

SCC ID NO: **06199483**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FREDERICK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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: MARK H MERRILL TITLE: VICE CHAIRMAN ADDRESS: 220 CAMPUS BLVD, STE 420 CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RODGER BAKER TITLE: DIRECTOR ADDRESS: 500 HOSPITAL DRIVE CITY/ST/ZIP/CO: WARRENTON, VA 20186	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS LUMSDEN TITLE: TREASURER/SECRE ADDRESS: 2204 WILBORN AVENUE CITY/ST/ZIP/CO: SOUTH BOSTON, VA 22592	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY MANNIX TITLE: CHAIRMAN ADDRESS: 78 MEDICAL CENTER DRIVE CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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: SHARON MOORE TITLE: DIRECTOR ADDRESS: 78 MEDICAL CENTER DRIVE CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEWART NELSON DIRECTOR 2204 WILBORN AVENUE SOUTH BOSTON, VA 22592	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LIONEL PHILLIPS DIRECTOR 500 HOSPITAL DRIVE WARRENTON, VA 20186	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY L BARRICK CEO SOLUTION SERVICES CORP. 136-1 CREEKSIDE LANE WINCHESTER, VA 22602	<input checked="" type="checkbox"/> OFFICER	<input 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/ MARY L BARRICK	MARY L BARRICK, CEO	7/31/2013	
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.			