

1.) CORPORATION NAME:

DUE DATE: **7/31/2014**

Solution Services Corp.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06199483**

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

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:	CHRIS LUMSDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER/SECRE		
ADDRESS:	2204 WILBORN AVENUE		
CITY/ST/ZIP/CO:	SOUTH BOSTON, VA 22592		
NAME:	MARY MANNIX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	78 MEDICAL CENTER DRIVE		
CITY/ST/ZIP/CO:	FISHERSVILLE, VA 22939		
NAME:	MARK H MERRILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	220 CAMPUS BLVD, STE 420		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		
NAME:	MARY L BARRICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	SOLUTION SERVICES CORP. 136-1 CREEKSIDE LANE		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22602		
NAME:	RODGER BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 HOSPITAL DRIVE		
CITY/ST/ZIP/CO:	WARRENTON, VA 20186		
NAME:	CRAIG LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	220 CAMPUS BLVD STE 420		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		

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: 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: 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/ MARY L BARRICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY L BARRICK, CEO PRINTED NAME AND CORPORATE TITLE	7/30/2014 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.		