

1.) CORPORATION NAME:

Brain Injury Resource and Development Center, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
JUANITA THORNTON
PO BOX 572
SHAWSVILLE, VA 24162**

DUE DATE: **12/31/2011**

SCC ID NO: **06293393**

5.) STOCK INFORMATION

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

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 572

CITY/ST/ZIP: SHAWSVILLE, VA 24162-

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: JUANITA THORNTON
TITLE: PRESIDENT
ADDRESS: PO BOX 572
CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162-

OFFICER

DIRECTOR

NAME: LYNNE LAIDLAW
TITLE: DIRECTOR
ADDRESS: 301 RESERVE AVENUE
CITY/ST/ZIP/CO: ROANOKE, VA 24016-

OFFICER

DIRECTOR

NAME: GENE M SHERWOOD
TITLE: DIRECTOR
ADDRESS: 312 S JEFFERSON ST #201
CITY/ST/ZIP/CO: ROANOKE, VA 24011-

OFFICER

DIRECTOR

NAME: LESLIE ALLGOOD SMITH
TITLE: DIRECTOR
ADDRESS: 4423 PHEASANT RIDGE RD
STE 301
CITY/ST/ZIP/CO: ROANOKE, VA 24014-

OFFICER

DIRECTOR

NAME: LINDA WYATT
TITLE: Vice-president
ADDRESS: 2543 ROUND TOP RD NW
CITY/ST/ZIP/CO: ROANOKE, VA 24012-

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.

<u>/s/ JUANITA THORNTON</u>	<u>JUANITA THORNTON, PRESIDENT</u>	<u>12/27/2011</u>
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.