

1.) CORPORATION NAME:

Cat's Cradle of the Shenandoah Valley, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SUZANNE AUCKERMAN
222 W BANK ST
BRIDGEWATER, VA 22812**

SCC ID NO: **06418040**

5.) STOCK INFORMATION

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

ROCKINGHAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 2128

CITY/ST/ZIP: HARRISONBURG, VA 22801

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: DONNA WHITLEY-SMITH TITLE: PRESIDENT ADDRESS: 12 CLIFFSIDE DRIVE CITY/ST/ZIP/CO: LURAY, VA 22835	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARGARET HARDY TITLE: TREASURER ADDRESS: 951 CONFEDERACY DR CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUZANNE AUCKERMAN TITLE: EXEC DIRECTOR ADDRESS: 222 W BANK ST CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Ramona Messenger TITLE: DIRECTOR ADDRESS: 1036 Sherwood Court CITY/ST/ZIP/CO: Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DON LEMISH TITLE: DIRECTOR ADDRESS: 3006 PRESTON LAKE ROAD CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RENEE CLARK TITLE: DIRECTOR ADDRESS: 309 SUNNYSIDE STREET CITY/ST/ZIP/CO: STAUNTON, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Tom Dawson TITLE: DIRECTOR ADDRESS: 1160 Decca Drive CITY/ST/ZIP/CO: Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Dr. Steve White TITLE: DIRECTOR ADDRESS: 7738 Sparkling Springs Road CITY/ST/ZIP/CO: Singers Glen, VA 22850	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jennifer Kirkland TITLE: DIRECTOR ADDRESS: 303 College Circle CITY/ST/ZIP/CO: Staunton, VA 24401	<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/ MARGARET HARDY	MARGARET HARDY, TREASURER	6/8/2012
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.		