

1.) CORPORATION NAME:

**Center for Health and Human Development**

DUE DATE: **9/30/2011**

SCC ID NO: **06651160**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**SAMUEL V NICKELS**

**340 MARYLAND AVE**

**HARRISONBURG, VA 22801**

5.) STOCK INFORMATION

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

**HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 340 MARYLAND AVE

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: CYNTHIA A HUNTER  
TITLE: ASST ADMIN  
ADDRESS: 340 MARYLAND AVE  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER

DIRECTOR

NAME: SAMUEL NICKELS  
TITLE: EX ADMIN  
ADDRESS: 340 MARYLAND AVE  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER

DIRECTOR

NAME: ANURAJ SHANKAR  
TITLE: DIRECTOR  
ADDRESS: 9007 ACREDALE CIR  
CITY/ST/ZIP/CO: COLLEGE PARK, MD 20740-

OFFICER

DIRECTOR

NAME: ANITA SHANKAR  
TITLE: DIRECTOR  
ADDRESS: 9007 ACREDALE CT  
CITY/ST/ZIP/CO: COLLEGE PARK, MD 20740-

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.

/s/ SAMUEL NICKELS

SAMUEL NICKELS, EX ADMIN

7/31/2011

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.