

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213558144

1.) CORPORATION NAME:

**Courage Services, Inc.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM D PRATT II  
4121 WILSON BLVD, SUITE 800  
ARLINGTON, VA**

SCC ID NO: **06698880**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 500,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4121 WILSON BLVD, SUITE 300

CITY/ST/ZIP: ARLINGTON, VA 22203

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.

|                 |                             |   |  |
|-----------------|-----------------------------|---|--|
|                 |                             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | THOMAS FLINT                |   |  |
| TITLE:          | PRESIDENT                   |   |  |
| ADDRESS:        | 4121 WILSON BLVD, SUITE 300 |   |  |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203         |   |  |

|                 |                             |   |                                   |
|-----------------|-----------------------------|---|-----------------------------------|
|                 |                             | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | THOMAS FLINT                |   |                                   |
| TITLE:          | TREASURER                   |   |                                   |
| ADDRESS:        | 4121 WILSON BLVD, SUITE 300 |   |                                   |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203         |   |                                   |

|                 |                                  |   |                                   |
|-----------------|----------------------------------|---|-----------------------------------|
|                 |                                  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | DAVID W SPICER                   |   |                                   |
| TITLE:          | SECRETARY                        |   |                                   |
| ADDRESS:        | 25 BURLINGTON MALL RD, SUITE 500 |   |                                   |
| CITY/ST/ZIP/CO: | BURLINGTON, MA 01803             |   |                                   |

|                 |                                  |                                  |  |
|-----------------|----------------------------------|----------------------------------|--|
|                 |                                  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | HAROLD ROSENBAUM                 |                                  |  |
| TITLE:          | CHAIRMAN                         |                                  |  |
| ADDRESS:        | 25 BURLINGTON MALL RD, SUITE 500 |                                  |  |
| CITY/ST/ZIP/CO: | BURLINGTON, MA 01803             |                                  |  |

|                 |                             |                                  |  |
|-----------------|-----------------------------|----------------------------------|--|
|                 |                             | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | WILLIAM PRATT               |                                  |  |
| TITLE:          | DIRECTOR                    |                                  |  |
| ADDRESS:        | 4121 WILSON BLVD, SUITE 300 |                                  |  |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203         |                                  |  |

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/ DAVID W SPICER                                  | DAVID W SPICER, SECRETARY        | 12/2/2013 |
| 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.