

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212542768

1.) CORPORATION NAME:

**COMPLETE AUTOMOTIVE OF RICHMOND, INC.**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TIMOTHY HOPKINS  
11006 WEST BROAD ST  
GLEN ALLEN, VA 23060**

SCC ID NO: **06828875**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 5,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11006 WEST BROAD STREET

CITY/ST/ZIP: GLEN ALLEN, VA 23060

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:           | TIMOTHY HOPKINS       |   |  |
| TITLE:          | PRESIDENT             |   |  |
| ADDRESS:        | 3205 HADENSVILLE-FIFE |   |  |
| CITY/ST/ZIP/CO: | GOOCHLAND, VA 23063   |   |  |

|                 |                   |   |                                   |
|-----------------|-------------------|---|-----------------------------------|
|                 |                   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | BRIAN RAIFORD     |   |                                   |
| TITLE:          | VICE PRESIDENT    |   |                                   |
| ADDRESS:        | 5810 COX RD       |   |                                   |
| CITY/ST/ZIP/CO: | WILSONS, VA 23894 |   |                                   |

|                 |                   |   |                                   |
|-----------------|-------------------|---|-----------------------------------|
|                 |                   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | JASON RICHEY      |   |                                   |
| TITLE:          | SECRETARY         |   |                                   |
| ADDRESS:        | 5895 TOE INK TERR |   |                                   |
| CITY/ST/ZIP/CO: | QUINTON, VA 23141 |   |                                   |

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/ TIMOTHY HOPKINS</u>                          | <u>TIMOTHY HOPKINS, PRESIDENT</u> | <u>11/5/2012</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.