

1.) CORPORATION NAME:

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

**CARE PAY**

SCC ID NO: **06838304**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
CRISTINA THOMAS  
851 TWIN ARCH DRIVE  
DANVILLE, VA 24540**

5.) STOCK INFORMATION

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

**DANVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 4246

CITY/ST/ZIP: DANVILLE, VA 24540-

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: JAMES THOMAS  
TITLE: DIRECTOR  
ADDRESS: PO BOX 4246  
CITY/ST/ZIP/CO: DANVILLE, VA 24540-

OFFICER

DIRECTOR

NAME: CRISTINA THOMAS  
TITLE: DIRECTOR  
ADDRESS: PO BOX 4246  
CITY/ST/ZIP/CO: DANVILLE, VA 24540-

OFFICER

DIRECTOR

NAME: PERNEICE WHITE  
TITLE: DIRECTOR  
ADDRESS: 2389 BOXWOOD ROAD  
CITY/ST/ZIP/CO: GRETNA, VA -

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/ CRISTINA THOMAS

CRISTINA THOMAS, DIRECTOR

9/29/2011

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.