

1.) CORPORATION NAME:

Scottsdale Estates Group Home, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARY M NUCKOLS
725 JACKSON ST STE 200
FREDERICKSBURG, VA 22401**

SCC ID NO: **06939193**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FREDERICKSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 JACKSON ST

CITY/ST/ZIP: FREDERICKSBURG, VA 22401

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:	RONALD W. BRANSCOME	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	213 SLEEPY HOLLOW TRAIL		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405		
NAME:	CHARLES A. COOPER, SR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	109 WEST WILDWOOD LN		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405		
NAME:	B. ANNETTE JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	610 JETT ST		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405		
NAME:	AL COLLINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21418 KIDDS FORK RD		
CITY/ST/ZIP/CO:	BOWLING GREEN, VA 22427		
NAME:	CHARLES A. COOPER, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	109 WEST WILDWOOD LN		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405		
NAME:	LAWRENCE A. DAVIES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 CARDWELL ST		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

NAME: EDITH O. FLEMING TITLE: DIRECTOR ADDRESS: 829 LINCOLN DR CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARIE O. KUNLO TITLE: DIRECTOR ADDRESS: P.O. BOX 41 CITY/ST/ZIP/CO: 8281 DAHLGREN RD KING GEORGE, VA 22485	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: IRA WEST TITLE: DIRECTOR ADDRESS: P.O. BOX 59 CITY/ST/ZIP/CO: DAHLGREN, VA 22448	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BARBARA L. WILLIAMS TITLE: DIRECTOR ADDRESS: 60 BRIMLEY DRIVE CITY/ST/ZIP/CO: APARTMENT 202 FREDERICKSBURG, VA 22406	<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/ RONALD W. BRANSCOME SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD W. BRANSCOME, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/4/2013 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.		