

1.) CORPORATION NAME:

Full Circle Grief Center

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

BRYCE D JEWETT III

MCGUIRE WOODS LLP

901 E CARY ST, ONE JAMES CENTER

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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

SCC ID NO: **06994461**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10611 PATTERSON AVE.
BUILDING 201

CITY/ST/ZIP: RICHMOND, VA 23238-

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: STEPHEN DRAKE
TITLE: OFFICER
ADDRESS: 3616 ROLRIDGE RD
CITY/ST/ZIP/CO: RICHMOND, VA 23233-

OFFICER

DIRECTOR

NAME: MELANIE FRANK
TITLE: DIR/CHRMN
ADDRESS: 11025 ELTIS MEADOWS LN
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059-

OFFICER

DIRECTOR

NAME: ANN SIDNEY CHARLESCRAFT
TITLE: DIRECTOR
ADDRESS: 1511 REGENCY WOODS RD
CITY/ST/ZIP/CO: RICHMOND, VA 23238-

OFFICER

DIRECTOR

NAME: CHRISTOPHER COX MPA
TITLE: DIRECTOR
ADDRESS: 12012 STONEWOCK PL
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059-

OFFICER

DIRECTOR

NAME: ALLYSON DRAKE
TITLE: PRESIDENT
ADDRESS: 3616 ROLRIDGE RD
CITY/ST/ZIP/CO: RICHMOND, VA 23233-

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.

<u>/s/ STEPHEN DRAKE</u>	<u>STEPHEN DRAKE, OFFICER</u>	<u>11/2/2011</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.