

1.) CORPORATION NAME:

DUE DATE: **9/30/2013**

**QuickStart Tennis of Central Virginia, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07135502**

**ROY HARRILL  
3974 IVY RD  
CHARLOTTESVILLE, VA**

5.) STOCK INFORMATION

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

**ALBEMARLE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3974 IVY RD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

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: TESSA PEHANICK TITLE: DIR/PRES ADDRESS: 568 HANCOCK DR CITY/ST/ZIP/CO: RUCKERSVILLE, VA 22928	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNDA HARRILL TITLE: DIR/VP ADDRESS: 3974 IVY RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN OLIVER TITLE: DIR/S ADDRESS: 3009 COPPER KNOLL RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROY HARRILL TITLE: DIR/TREAS ADDRESS: 3974 IVY RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALINA ACKENBOM TITLE: DIRECTOR ADDRESS: PO BOX 145 CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER BERNARD TITLE: DIRECTOR ADDRESS: 5453 PARK RD CITY/ST/ZIP/CO: CROZET, VA 22932	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BARBARA WATSON TITLE: DIRECTOR ADDRESS: 4430 BALLARDS CREEK RD CITY/ST/ZIP/CO: FREE UNION, VA 22940	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MELODIE HAGSPIEL TITLE: DIRECTOR ADDRESS: 395 HERON LN CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD MICHAELS TITLE: DIRECTOR ADDRESS: 5581 BUFFALO RD CITY/ST/ZIP/CO: DILLWYN, VA 23936	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHELLE PACKER TITLE: DIRECTOR ADDRESS: 10 SPOON TERR CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22963	<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/ ROY HARRILL	ROY HARRILL, DIR/TREAS	7/29/2013
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.		