

1.) CORPORATION NAME:

**BRAIN INJURY ASSOCIATION OF VIRGINIA, INC.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**R WILLSON HULCHER JR  
200 SOUTH 10TH STREET  
SUITE 1600**

SCC ID NO: **07135825**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1506 WILLOW LAWN DR., STE 212

CITY/ST/ZIP: RICHMOND, VA 23230

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:	TONY GENTRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8520 SUNVIEW LANE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235		

NAME:	TERESA POOLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	PO BOX 4602		
CITY/ST/ZIP/CO:	ROANOKE, VA 24015		

NAME:	KIMBERLY C MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT ELECT		
ADDRESS:	2007 W GRACE ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		

NAME:	LIZ PERRY-VARNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5415 SUNRISE BLUFF CT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	MARTY DONLAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	200 SOUTH 10TH ST		
CITY/ST/ZIP/CO:	WILLIAMS MULLEN CENTER RICHMOND, VA 23219		

NAME:	BARBARA BAUSERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 BROAD ROCK BLVD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23249		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON BRISTOW DIRECTOR PO BOX 2893 TAPPAHANOCK, VA 22560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRETT BUTLER DIRECTOR 5801 BREMO ROAD MOBS SUITE 603 RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA CARTER DIRECTOR 10720 RAMSHORN ROAD MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORETTA LOVELESS DIRECTOR 245 CHESAPEAKE AVE NEWPORT NEWS, VA 23607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE H MCDONNELL DIRECTOR 7146 CHEROKEE ROAD RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUGH RAWLINS DIRECTOR 6204 JOSEPH WAY GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD SCHER DIRECTOR 3810 AUGUSTA AVE RICHMOND, VA 23230	<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/ ANNE H MCDONNELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANNE H MCDONNELL, DIRECTOR PRINTED NAME AND CORPORATE TITLE	9/14/2012 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.			