

1.) CORPORATION NAME: <b>Central Virginia Chapter of the Association of Clinical Research Professionals</b>	DUE DATE: <b>10/31/2015</b>  SCC ID NO: <b>07146665</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>SHAY E BRILL 2312 RAVENSWOOD COURT CHARLOTTESVILLE, VA</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALBEMARLE COUNTY</b>			
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 2312 RAVENSWOOD COURT  CITY/ST/ZIP: CHARLOTTESVILLE, VA 22911	
---	--

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: CJ WOODBARN TITLE: DIR/TREAS ADDRESS: 204 N MAIN ST CITY/ST/ZIP/CO: GORDONSVILLE, VA 22942	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	---	--	--

NAME: SHAY BRILL TITLE: DIRECTOR ADDRESS: 2312 RAVENSWOOD CT CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	---	--	--

NAME: GWEN DARBY TITLE: SECRETARY ADDRESS: 8323 SILKWOOD COURT CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
--	---	--	--

NAME: SUSAN M ROCKWELL TITLE: DIR/PAST COMM ADDRESS: 1312 KENWOOD LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	---	--	--

NAME: SHERYL WILL TITLE: DIRECTOR ADDRESS: 12345 SERENITY CT CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059	<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/ SHAY BRILL	SHAY BRILL, DIRECTOR	11/21/2015
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.