

1.) CORPORATION NAME:

**COALITION FOR QUALITY CHILDCARE, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**LAURA S EVICK**

**342 S MAIN ST**

**HARRISONBURG, VA 22801**

DUE DATE: **10/29/2010**

SCC ID NO: **07151715**

5.) STOCK INFORMATION

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

**HAMPTON CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 342 S. MAIN ST.

CITY/ST/ZIP: HARRISONBURG, VA 22801-

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: JUDI BUTLER  
TITLE: DIRECTOR  
ADDRESS: 221 W BANK ST  
CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812-

OFFICER  DIRECTOR

NAME: REAGAN ESHLEMAN  
TITLE: DIRECTOR  
ADDRESS: 411 STONE SPRING RD  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER  DIRECTOR

NAME: LAURA EVICK  
TITLE: DIRECTOR  
ADDRESS: 501 COLLEGE VIEW DR  
CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812-

OFFICER  DIRECTOR

NAME: JOYCE KRECH  
TITLE: DIRECTOR  
ADDRESS: MSC 5502 1598 S MAIN ST  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER  DIRECTOR

NAME: LEANNE C. KREPS  
TITLE: CHAIRMAN  
ADDRESS: 316 N. SANDSTONE LANE  
CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812-

OFFICER  DIRECTOR

NAME: STEPHANIE LILLY TITLE: SECRETARY ADDRESS: 120 SUNBRIGHT DR. CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEREMY DRIVER TITLE: TREASURER ADDRESS: 3678 RAWLEY PIKE CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: EILEEN FREUH TITLE: DIRECTOR ADDRESS: 6073 HOUNDCHASE LANE CITY/ST/ZIP/CO: BRIDGEWATER, VA 22801-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRIS SIMMONS TITLE: DIRECTOR ADDRESS: 101 VICTORIA DRIVE CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BEA MILLER TITLE: DIRECTOR ADDRESS: 1164 MASSANETTA SPRINGS RD. CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812-	<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/ LEANNE C. KREPS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LEANNE C. KREPS, CHAIRMAN _____ PRINTED NAME AND CORPORATE TITLE	10/13/2010 _____ 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.		