

1.) CORPORATION NAME:

**Common Ground Healing Arts, Inc.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PHILIP H GOODPASTURE  
WILLIAMS MULLEN  
200 SOUTH 10TH STREET, SUITE 1600  
  
RICHMOND, VA 23219**

SCC ID NO: **07193451**

5.) STOCK INFORMATION

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

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 233 4th Street  
Box C

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:	KATE ZUCKERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	615 PAULS CREEK		
CITY/ST/ZIP/CO:	AFTON, VA 22920		

NAME:	VIVI ROGERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1020 COTTONWOOD RD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	JENNIFER BAUERLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1194 BROAD AXE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	BEN COE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	228 WINE STREET		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	KATHLEEN MAIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	206 DOUGLAS		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	RANDY REED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1041 SPRUCE CREEK LANE		
CITY/ST/ZIP/CO:	NELLYSFORD, VA 22958		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GORDON WALKER DIRECTOR 2864 HEARTWOOD AFTON, VA 22920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL HANCOCK DIRECTOR 2413 KERRY LANE CH, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHANNON SLOVENSKY DIRECTOR 110 SCARRBOROUGH PLACE CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RYAN DEROSE DIRECTOR 233 4TH ST NW BOX C CHARLOTTESVILLE, VA 22903	<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/ VIVI ROGERS	VIVI ROGERS, TREASURER	2/14/2013	
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.			