

1.) CORPORATION NAME:

**SPROUT THERAPEUTIC RIDING AND EDUCATION  
CENTER, INC.**

DUE DATE: **6/30/2013**

SCC ID NO: **07248370**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BROOKE A WALDRON  
40685 MOSBY HWY  
ALDIE, VA**

5.) STOCK INFORMATION

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

**LOUDOUN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 40685 JOHN MOSBY HIGHWAY

CITY/ST/ZIP: ALDIE, VA 20105

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:	CATHY A. MADDOX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	640 NATHAN PLACE NE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		

NAME:	MARGARET RICHARDSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3501 NORTH VALLEY ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		

NAME:	MALLORY LOBISSER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2702 Lee Highway, Unit 2-B		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	ALLAN LEACH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	42645 COCHRANS LOCK DRIVE		
CITY/ST/ZIP/CO:	ASHBURN, VA 20148		

NAME:	BROOKE A WALDRON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	40685 JOHN MOSBY HWY		
CITY/ST/ZIP/CO:	ALDIE, VA 20105		

NAME:	Rachel Howell	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	716 N. Edgewood Street		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME: Jennifer Scheurich TITLE: DIRECTOR ADDRESS: 43561 Merchant Mill Terrace CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Amy Toman TITLE: DIRECTOR ADDRESS: 5202 Knoughton Way CITY/ST/ZIP/CO: Centreville, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Steve Zannos TITLE: DIRECTOR ADDRESS: 23194 Hemmingford Circle CITY/ST/ZIP/CO: Sterling, VA 20166	<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/ CATHY A. MADDOX SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHY A. MADDOX, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/6/2013 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.		