

1.) CORPORATION NAME:

The Troubadours Community Theatre Group, Inc.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**UNITED STATES CORPORATION AGENTS INC
4870 SADLER RD STE 300
GLEN ALLEN, VA 23060**

SCC ID NO: **07294127**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4903 SANBURNE PARKWAY

CITY/ST/ZIP: SANDSTON, VA 23150

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:	COLETTE WOODS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7313 TRAVELLERS WAY		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23111		
NAME:	MARIE ROUSSEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1573 PRESIDENTIAL DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23228		
NAME:	PATRICIA ARKESTEYN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	LEGACY PARK		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23111		
NAME:	MADONNA GORDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4903 SANBURNE PARKWAY		
CITY/ST/ZIP/CO:	SANDSTON, VA 23150		
NAME:	ASHLEY HAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	112 TREVA ROAD		
CITY/ST/ZIP/CO:	SANDSTON, VA 23150		
NAME:	FRAN MILBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7108 CLUB DRIVE		
CITY/ST/ZIP/CO:	QUINTON, VA 23141		

NAME: ELIZABETH MONDOUX TITLE: DIRECTOR ADDRESS: 4903 SANBURNE PKWY CITY/ST/ZIP/CO: SANDSTON, VA 23150	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER MONDOUX TITLE: DIRECTOR ADDRESS: 4903 SANBURNE PARKWAY CITY/ST/ZIP/CO: SANDSTON, VA 23150	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAY SNEDDEN TITLE: DIRECTOR ADDRESS: 133 N ELM CITY/ST/ZIP/CO: HIGHLAND SPRINGS, VA 23075	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS L. SNEDDEN TITLE: DIRECTOR ADDRESS: 133 N ELM CITY/ST/ZIP/CO: HIGHLAND SPRINGS, VA 23075	<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/ COLETTE WOODS	COLETTE WOODS, SECRETARY	9/15/2012
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.		