

1.) CORPORATION NAME:

Final Salute Incorporated

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

UNITED STATES CORPORATION AGENTS INC

4870 SADLER RD STE 300

GLEN ALLEN, VA 23060

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **8/22/2011**

SCC ID NO: **07297575**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 156

CITY/ST/ZIP: HAYMARKET, VA 20168-

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: JASPEN BOOTHE
TITLE: PRESIDENT
ADDRESS: 15161 SILICA STREET
CITY/ST/ZIP/CO: HAYMARKET, VA 20169-

OFFICER

DIRECTOR

NAME: KAREN WARKENTIEN
TITLE: SECRETARY
ADDRESS: P.O. BOX 156
CITY/ST/ZIP/CO: HAYMARKET, VA 20168-

OFFICER

DIRECTOR

NAME: VICTOR ANGRY
TITLE: EXEC. DIRECTOR
ADDRESS: 13316 NASSAU DR
CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193-

OFFICER

DIRECTOR

NAME: LISA ARNOLD
TITLE: DIRECTOR
ADDRESS: 7913 FOX PARK COURT
CITY/ST/ZIP/CO: CLINTON, MD 20735-

OFFICER

DIRECTOR

NAME: JULIA CLECKLEY
TITLE: DIRECTOR
ADDRESS: 2 MENDOTA WAY
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406-

OFFICER

DIRECTOR

NAME: MATT CURRY TITLE: DIRECTOR ADDRESS: 42786 LOCKET LANE CITY/ST/ZIP/CO: SOUTH RIDING, VA 20152-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WENDY DORSEY TITLE: DIRECTOR ADDRESS: 3700 OLD CRAIN HWY CITY/ST/ZIP/CO: UPPER MARLBORO, MD 20772-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DENISE FOX TITLE: DIRECTOR ADDRESS: P.O. BOX 156 CITY/ST/ZIP/CO: HAYMARKET, VA 20168-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: AMY FROST TITLE: DIRECTOR ADDRESS: 557 PORT TALBOT AVENUE CITY/ST/ZIP/CO: LAS VEGAS, NV 89178-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BETTINA LAWTON TITLE: DIRECTOR ADDRESS: P.O. BOX 156 CITY/ST/ZIP/CO: HAYMARKET, VA 20168-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SHERRY MCCLOUD TITLE: DIRECTOR ADDRESS: 2 BUCHANNON DRIVE APT. 217 CITY/ST/ZIP/CO: CARLISLE, PA 17013-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CASSAUNDR A STJOHN TITLE: DIRECTOR ADDRESS: 1409 SOUTH LAMAR CITY/ST/ZIP/CO: DALLAS, TX 75215-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN ZORICH TITLE: DIRECTOR ADDRESS: P.O. BOX 156 CITY/ST/ZIP/CO: HAYMARKET, VA 20168-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONNA WILSON TITLE: TREASURER ADDRESS: 7847 PAINTED DAISY DRIVE CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input checked="" 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.	
<u>/s/ JASPEN BOOTHE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JASPEN BOOTHE, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE
<u>8/22/2011</u> 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.	