

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212522344				
1.) CORPORATION NAME: <b>S C MANAGEMENT CORP.</b>		DUE DATE: <b>5/31/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ROBERT M. DIAMOND HAZEL &amp; THOMAS, P.C. 3110 FAIRVIEW PARK DR., SUITE 1400  FALLS CHURCH, VA 22042</b>		SCC ID NO: <b>F0468936</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>12,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	12,500
CLASS	AUTHORIZED					
COMMON	12,500					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>						
4.) STATE OR COUNTRY OF INCORPORATION: <b>MA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 2 BROOKLINE PL #206  CITY/ST/ZIP: BROOKLINE, MA 02445						
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: IRMA M SCHRETTER TITLE: PRES/TREAS ADDRESS: 29 GODDARD CIRCLE CITY/ST/ZIP/CO: BROOKLINE, MA 02445	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: FRANCES SHIFMAN TITLE: DIRECTOR ADDRESS: 219 FULLER ST CITY/ST/ZIP/CO: W NEWTON, MA 02165	<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/ IRMA M SCHRETTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	IRMA M SCHRETTER, PRES/TREAS PRINTED NAME AND CORPORATE TITLE	6/14/2012 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.						