

1.) CORPORATION NAME:

**GREATER RICHMOND, VIRGINIA AFFILIATE OF THE
SUSANG. KOMEN BREAST CANCER FOUNDATION, INC.**

DUE DATE: **1/31/2014**

SCC ID NO: **F1408394**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5005 LBJ FRWY
STE 250

CITY/ST/ZIP: DALLAS, TX 75244

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: SUSAN QUISENBERRY TITLE: VICE PRESIDENT ADDRESS: 1433 JOHNSTON WILLIS DR. CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAKESHA JOHNSON TITLE: TREASURER ADDRESS: 1433 JOHNSTON WILLIS DR. CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MELISSA DAMIANO TITLE: DIRECTOR ADDRESS: 1433 JOHNSTON WILLIS DR. CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN BENNETT TITLE: DIRECTOR ADDRESS: 1433 JOHNSTON WILLIS DR. CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNN KIRK TITLE: PRESIDENT ADDRESS: 1433 JOHNSTON WILLIS DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATRINA FORREST TITLE: DIRECTOR ADDRESS: 1433 JOHNSTON WILLIS DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIVIAN ROBLES DIRECTOR 1433 JOHNSTON WILLIS DRIVE RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. WILLIAM IRVIN DIRECTOR 1433 Johnston Willis Drive Richmond,, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER MILLER DIRECTOR 1433 Johnston Willis Drive Richmond, VA 23235	<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/ LYNN KIRK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LYNN KIRK, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/31/2014 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.			