

1.) CORPORATION NAME: <b>JACK AND JILL OF AMERICA, INCORPORATED</b>	DUE DATE: <b>4/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA</b>	SCC ID NO: <b>F1468380</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1930 17TH ST. N.W.  
CITY/ST/ZIP: WASHINGTON, DC 20009

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: Crystal Johnson Turner TITLE: TREASURER ADDRESS: 1930 17TH ST. N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20009	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TAMARA ROBINSON TITLE: PRESIDENT ADDRESS: 1930 17TH ST. N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20009	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Tammy King TITLE: VICE PRESIDENT ADDRESS: 1930 17TH ST. N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20009	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Allison Copeland TITLE: C - SECRETARY ADDRESS: 1930 17TH ST. N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20009	<input checked="" type="checkbox"/>	OFFICER	<input 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/ TAMARA ROBINSON	TAMARA ROBINSON, PRESIDENT	4/17/2013
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.