

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213522147
1.) CORPORATION NAME: <b>CRA Health Services, Inc.</b>		DUE DATE: <b>5/31/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</b>		SCC ID NO: <b>F1473109</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND, VA</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: C/O CRASSOCIATES 8580 CINDERBED RD #2400  CITY/ST/ZIP: NEWINGTON, VA 22122		
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: CHARLES H ROBBINS TITLE: CEO/S/T ADDRESS: 8580 CINDERBED RD #2400 CITY/ST/ZIP/CO: NEWINGTON, VA 22122	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL D STARR TITLE: COO ADDRESS: 8580 CINDERBED RD #2400 CITY/ST/ZIP/CO: NEWINGTON, VA 22122	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN R WETHERELL TITLE: CFO ADDRESS: 8580 CINDERBED RD #2400 CITY/ST/ZIP/CO: NEWINGTON, VA 22122	<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/ JOHN R WETHERELL	JOHN R WETHERELL, CFO	5/9/2013
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.		