

1.) CORPORATION NAME:

**TRI-CITIES AFFILIATE OF THE SUSAN G. KOMEN
BREASTCANCER FOUNDATION**

DUE DATE: **9/30/2010**

SCC ID NO: **F1640954**

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5005 LBJ FREEWAY 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: JOHN THOMPSON
TITLE: VICE PRESIDENT
ADDRESS: 308 APPLEBERRY CIRCLE
CITY/ST/ZIP/CO: KINGSPOUR, TN 37663-

OFFICER

DIRECTOR

NAME: JOANNE GILMER
TITLE: SECRETARY
ADDRESS: 1 REGAL CT
CITY/ST/ZIP/CO: JOHNSON CITY, TN 37604-

OFFICER

DIRECTOR

NAME: LYNN KRUTAK
TITLE: TREASURER
ADDRESS: 408 OXFORD COURT
CITY/ST/ZIP/CO: KINGSPOUR, TN 37663-

OFFICER

DIRECTOR

NAME: KATHI BATY
TITLE: VOLUNTEER CHAIR
ADDRESS: 2007 MILBROOK DR
CITY/ST/ZIP/CO: JOHNSON CITY, TN 37604-

OFFICER

DIRECTOR

NAME: CLAUDIA BYRD
TITLE: DIRECTOR
ADDRESS: 301 LOUIS ST #304
CITY/ST/ZIP/CO: KINGSPOUR, TN 37660-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETH COX DIRECTOR 301 LOUIS ST #304 KINGSPORT, TN 37660-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA HEGLAR DIRECTOR 301 LOUIS ST #304 KINGSPORT, TN 37660-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARA DIAMOND DIRECTOR 301 LOUIS ST # 304 KINGSPORT, TN 37660-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BROOK LAMBERT DIRECTOR 301 LOUIS ST. #304 KINGSPORT, TN 37660-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTY DEVINNEY DIRECTOR 231 EMORY CHURCH RD KINGSPORT, TN 37664-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONI BOUNDS PRESIDENT 301 LOUIS ST. #304 KINGSPORT, TN 37660-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA CHILL DIRECTOR 301 LOUIS ST. #304 KINGSPORT, TN 37660-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATALIE WHITLOCK DIRECTOR 301 LOUIS ST. #304 KINGSPORT, TN 37660-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CURT ROSE DIRECTOR 301 LOUIS ST. #304 KINGSPORT, TN 37660-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STACEY ELY DIRECTOR 301 LOUIS ST. #304 KINGSPORT, TN 37660-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SLOAN MAES TITLE: DIRECTOR ADDRESS: 301 LOUIS ST. #304 CITY/ST/ZIP/CO: KINGSPORT, TN 37660-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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/ TONI BOUNDS	TONI BOUNDS, PRESIDENT	9/27/2010
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.