

1.) CORPORATION NAME:

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

DUE DATE: **9/30/2011**

SCC ID NO: **F1640954**

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

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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: MARTHA CHILL
TITLE: DIRECTOR
ADDRESS: 301 LOUIS ST. #304
CITY/ST/ZIP/CO: KINGSPORT, TN 37660-

OFFICER DIRECTOR

NAME: SARA DIAMOND
TITLE: DIRECTOR
ADDRESS: 301 LOUIS ST # 304
CITY/ST/ZIP/CO: KINGSPORT, TN 37660-

OFFICER DIRECTOR

NAME: STACEY ELY
TITLE: DIRECTOR
ADDRESS: 301 LOUIS ST. #304
CITY/ST/ZIP/CO: KINGSPORT, TN 37660-

OFFICER DIRECTOR

NAME: BROOK LAMBERT
TITLE: DIRECTOR
ADDRESS: 301 LOUIS ST. #304
CITY/ST/ZIP/CO: KINGSPORT, TN 37660-

OFFICER DIRECTOR

NAME: BETH COX
TITLE: TREASURER
ADDRESS: 301 LOUIS ST #304
CITY/ST/ZIP/CO: KINGSPORT, TN 37660-

OFFICER DIRECTOR

NAME: STEPHANIE WERNER TITLE: DIRECTOR ADDRESS: 301 LOUIS ST. #304 CITY/ST/ZIP/CO: KINGSPORT, TN 37660-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: CURT ROSE TITLE: PRESIDENT ADDRESS: 301 LOUIS ST. #304 CITY/ST/ZIP/CO: KINGSPORT, TN 37660-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	--

NAME: LESLIE GILLIAM TITLE: SECRETARY ADDRESS: 301 LOUIS ST. #304 CITY/ST/ZIP/CO: KINGSPORT, TN 37660-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	---	--

NAME: KARLA LANE TITLE: DIRECTOR ADDRESS: 301 LOUIS ST. #304 CITY/ST/ZIP/CO: KINGSPORT, TN 37660-	<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/ CURT ROSE	CURT ROSE, PRESIDENT	10/17/2011
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.