

1.) CORPORATION NAME:

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

DUE DATE: **9/30/2012**

SCC ID NO: **F1640954**

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 23219

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

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

NAME:	BETH COX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	301 LOUIS ST #304		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37660		

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

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

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

NAME: SUSAN LINDENBUSCH TITLE: DIRECTOR ADDRESS: 301 LOUIS ST. #304 CITY/ST/ZIP/CO: KINGSPOINT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SANDRA McGLOTHLIN TITLE: DIRECTOR ADDRESS: 301 LOUIS ST. #304 CITY/ST/ZIP/CO: KINGSPOINT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHANIE WERNER TITLE: DIRECTOR ADDRESS: 301 LOUIS ST. #304 CITY/ST/ZIP/CO: KINGSPOINT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VANESSA BRAMBLE TITLE: DIRECTOR ADDRESS: 301 LOUIS ST. 3304 CITY/ST/ZIP/CO: KINGSPOINT, 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	10/1/2012
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.		