

1.) CORPORATION NAME:

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

DUE DATE: **9/30/2014**

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
-------	------------

**RICHMOND, VA**

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.

	<input checked="" 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:	STEPHANIE WERNER	
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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VANESSA BRAMBLE	
TITLE:	DIRECTOR	
ADDRESS:	301 LOUIS ST. 3304	
CITY/ST/ZIP/CO:	KINGSPORT, TN 37660	

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

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

NAME: PAT HALE TITLE: DIRECTOR ADDRESS: 301 LOUIS ST # 304 CITY/ST/ZIP/CO: KINGSPOINT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEN HARRIS TITLE: DIRECTOR ADDRESS: 301 LOUIS ST. #304 CITY/ST/ZIP/CO: KINGSPOINT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: MARA OWENS TITLE: DIRECTOR ADDRESS: 301 LOUIS STREET, SUITE 304 CITY/ST/ZIP/CO: KINGSPOINT, VA 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/ KEN HARRIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEN HARRIS, DIRECTOR PRINTED NAME AND CORPORATE TITLE	9/30/2014 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.		