

1.) CORPORATION NAME:

**CG ALLIANCE, INC.**

DUE DATE: **12/31/2010**

SCC ID NO: **F1661034**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
CYNTHIA M FOLKINS  
454 FOX LANE  
LOUISA, VA 23093**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LOUISA COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 454 FOX LANE

CITY/ST/ZIP: LOUISA, VA 23093-

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: CYNTHIA M FOLKINS  
TITLE: CHAIRMAN  
ADDRESS: 454 FOX LANE  
CITY/ST/ZIP/CO: LOUISA, VA 23093-

OFFICER  DIRECTOR

NAME: CYNTHIA M FOLKINS  
TITLE: SECRETARY  
ADDRESS: 454 FOX LANE  
CITY/ST/ZIP/CO: LOUISA, VA 23093-

OFFICER  DIRECTOR

NAME: CYNTHIA M FOLKINS  
TITLE: TREASURER  
ADDRESS: 454 FOX LANE  
CITY/ST/ZIP/CO: LOUISA, VA 23093-

OFFICER  DIRECTOR

NAME: GREGORY R FOLKINS  
TITLE: PRESIDENT  
ADDRESS: 454 FOX LANE  
CITY/ST/ZIP/CO: LOUISA, VA 23093-

OFFICER  DIRECTOR

NAME: CYNTHIA L FOX  
TITLE: SFO  
ADDRESS: 422 N UNION STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER  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.

<u>/s/ CYNTHIA M FOLKINS</u>	<u>CYNTHIA M FOLKINS, CHAIRMAN</u>	<u>9/15/2011</u>
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.