

**2020 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 02341444  
Filing Number: 2009171071891  
Filing Date/Time: 09/17/2020 10:54 AM  
Effective Date/Time: 09/17/2020 10:54 AM



1. CORPORATION NAME:  
CRICKET PRODUCTS, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
R CARTER SCOTT III  
1802 BAYBERRY COURT STE 401  
RICHMOND, VA 23226-3773
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
087-HENRICO COUNTY
4. STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia

DUE DATE: **09/30/20**

SCC ID NO.: **0234144-4**

5. TOTAL NUMBER OF AUTHORIZED SHARES: 6,500

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 1921 ANCHOR AVENUE    CITY/ST/ZIP PETERSBURG, VA 23803-0000	ADDRESS:    CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: STUART A KRAMER TITLE: Vice President ADDRESS: 2300 GROVE AVENUE CITY/ST/ZIP: RICHMOND, VA 23220-0000	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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I affirm that the information contained in this report is accurate and complete as of the date below.

	<i>Glenn S. Kramer Pres/Sec/Treas</i>	<i>9/11/20</i>
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 that is false in any material respect with intent that the document be delivered to the Commission for filing.

**2020 ANNUAL REPORT CONTINUED**

CORPORATION NAME:  
CRICKET PRODUCTS, INC.

DUE DATE: **09/30/20**  
SCC ID NO.: **0234144-4**

**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

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An individual may be designated as both a director and an officer.

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<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: GLENNA S KRAMER TITLE: PRES/SEC/TREAS ADDRESS: 20239 OAK RIVER COURT CITY/ST/ZIP: SOUTH CHESTER, VA 23803-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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