

1.) CORPORATION NAME:

VIRGINIA INTERMONT COLLEGE

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**E CLORISA PHILLIPS
OFFICE OF THE PRESIDENT
1013 MOORE STREET**

SCC ID NO: **00233031**

5.) STOCK INFORMATION

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

BRISTOL, VA 24201

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BRISTOL CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1013 MOORE STREET

CITY/ST/ZIP: BRISTOL, VA 24201

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:	E CLORISA PHILLIPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	VIRGINIA INTERMONT COLLEGE		
CITY/ST/ZIP/CO:	1013 MOORE STREET BRISTOL, VA 24201		
NAME:	ELLIOTT MOORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	32 SIXTH STREET		
CITY/ST/ZIP/CO:	BRISTOL, TN 37620		
NAME:	SHERRY SMITH CRUMLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2917 TREBARK RD.		
CITY/ST/ZIP/CO:	BUCHANAN, VA 24066		
NAME:	WAYNE L BELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	22520 VIRGINIA TRIAL		
CITY/ST/ZIP/CO:	BRISTOL, VA 24202		
NAME:	TAYLOR REVELEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2408 STUART AVE.		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		
NAME:	JEFFREY W. ALLISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 N. BOULEVARD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN D. BERG DIRECTOR 1 HUNTLEY ROAD RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN T. CASTEEN, III DIRECTOR 766 CLUB DRIVE KESWICK, VA 22947	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIMI M. ELROD DIRECTOR 207 WHITE STREET LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD CLINT HOPKINS DIRECTOR 3045 MCVITTY FOREST DRIVE, #320 ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WAYNE J. KENNEDY DIRECTOR 25083 WATAUGA ROAD ABINGDON, VA 24211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GWENDOLYN W. MASON DIRECTOR 3641 BOSWORTH DRIVE ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN W. O'BRIEN DIRECTOR P.O. BOX 190660 NASHVILLE, TN 37219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID C. STANCIL DIRECTOR 5885 ROBERT OLIVER PLACE COLUMBIA, MD 21045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENJAMIN A. STREET DIRECTOR 1200 PLAZA DRIVE, SUITE 2100 GRUNDY, VA 24614	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN S. STUART DIRECTOR 5842 WINNBROOK DRIVE ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY F. TROY DIRECTOR 1001 HAXALL POINT RICHMOND, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM T. WILSON DIRECTOR 228 N. MAPLE AVENUE COVINGTON, VA 24426	<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/ E CLORISA PHILLIPS	E CLORISA PHILLIPS, PRESIDENT	6/27/2012	
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.			