

1.) CORPORATION NAME:

**PULASKI COUNTRY CLUB, INCORPORATED**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SPENCER RYGAS  
36 3RD STREET NW  
PULASKI, VA**

SCC ID NO: **00407080**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**PULASKI COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4360 COUNTRY CLUB DRIVE

CITY/ST/ZIP: PULASKI, VA 24301

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: KEITH HALE TITLE: PRESIDENT ADDRESS: 6120 Bell Farm Rd CITY/ST/ZIP/CO: DUBLIN, VA 24084	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SPENCER RYGAS TITLE: SECRETARY ADDRESS: PO BOX 2362 CITY/ST/ZIP/CO: PULASKI, VA 24301	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BOB ADKINS TITLE: TREASURER ADDRESS: PO BOX 670 CITY/ST/ZIP/CO: DUBLIN, VA 24084	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEN BOWLING TITLE: DIRECTOR ADDRESS: PO BOX 535 CITY/ST/ZIP/CO: DUBLIN, VA 24084	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH DICKERSON TITLE: VICE PRESIDENT ADDRESS: 6370 RUEBUSH ROAD CITY/ST/ZIP/CO: DUBLIN, VA 24084	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES HAGER TITLE: DIRECTOR ADDRESS: 5217 DOMINION DRIVE CITY/ST/ZIP/CO: DUBLIN, VA 24084	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:                    Jacob Adams TITLE:                    DIRECTOR ADDRESS:                209 Arnold Avenue CITY/ST/ZIP/CO:        Radford, VA 24141	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                    R.A. Buddy Shull TITLE:                    DIRECTOR ADDRESS:                6685 Bradley Rd CITY/ST/ZIP/CO:        Radford, VA 24141	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                    Kenneth Myers TITLE:                    DIRECTOR ADDRESS:                5495 Lee St. CITY/ST/ZIP/CO:        Dublin, VA 24084	<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/ SPENCER RYGAS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SPENCER RYGAS, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/16/2013 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.		