

1.) CORPORATION NAME:

VIRGINIA ASSOCIATION OF SCHOOL BUSINESS

OFFICIALS

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEVEN R BATESON
2018 TIMBERS HILL RD
APT B**

RICHMOND, VA 23235

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **8/31/2012**

SCC ID NO: **01223478**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 72608

CITY/ST/ZIP: RICHMOND, VA 23235

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 type="checkbox"/> DIRECTOR
NAME:	PENNY HODGE	
TITLE:	PRESIDENT	
ADDRESS:	5937 COVE RD, NW	
CITY/ST/ZIP/CO:	ROANOKE, VA 24019	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOANNE WRIGHT	
TITLE:	PAST PRESIDENT	
ADDRESS:	6489 MAIN ST BLVD 11	
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LISA FRYE	
TITLE:	PRESIDENT ELECT	
ADDRESS:	1415 AMHERST ST	
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WAYNE COSBY	
TITLE:	TREASURER	
ADDRESS:	200 BERKLEY ST	
CITY/ST/ZIP/CO:	ASHLAND, VA 23005	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN R BATESON	
TITLE:	ASST SECRETARY	
ADDRESS:	2018 TIMBERS HILL RD	
CITY/ST/ZIP/CO:	APT B RICHMOND, VA 23235	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARILYN WOODALL	
TITLE:	SECRETARY	
ADDRESS:	312 CEDAR STREET	
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL BOWEN DIRECTOR 500 CITY HALL AVE POQUOSON, VA 23662	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATIE MIANO DIRECTOR 200 JUNKIN STREET CHRISTIANSBURG, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRAVIS CLEMONS DIRECTOR 746 INDIAN TRAIL MARTINSVILLE, VA 24112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT BURCKBUCHLER DIRECTOR P. O. BOX 8783 WILLIAMSBURG, VA 23187	<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/ STEVEN RBATESON	STEVEN RBATESON,	8/14/2012	
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.			