

1.) CORPORATION NAME:

VIRGINIA ASSOCIATION OF SCHOOL BUSINESS

DUE DATE: **8/31/2013**

OFFICIALS

SCC ID NO: **01223478**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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.

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

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

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

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

NAME:	BILL BOWEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	500 CITY HALL AVE		
CITY/ST/ZIP/CO:	POQUOSON, VA 23662		

NAME:	TRAVIS CLEMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	746 INDIAN TRAIL		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112		

NAME: SUZANNA SCOTT TITLE: DIRECTOR ADDRESS: 1 FRANKLIN STREET CITY/ST/ZIP/CO: HAMPTON, VA 23669	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SHANNON IRVIN TITLE: DIRECTOR ADDRESS: P. O. BOX 276 CITY/ST/ZIP/CO: LOVINGTON, VA 22949	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFERY CASSELL TITLE: DIRECTOR ADDRESS: 301 PINE AVENUE CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LASHAN GAINES TITLE: DIRECTOR ADDRESS: 8020 RIVER STONE DRIVE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407	<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 R BATESON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN R BATESON, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
8/9/2013 _____ 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.	