

1.) CORPORATION NAME:

VIRGINIA STATE EMPLOYEES' ASSOCIATION, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
KATHY L PHILLIPS
731 HARRISON AVE
PO BOX 3071**

SALEM, VA 24153

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

SALEM CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **1/31/2011**

SCC ID NO: **01427715**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 984

CITY/ST/ZIP: SALEM, VA 24153-

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: CINDY JOURDAN TITLE: PRESIDENT ADDRESS: 5422 TWILIGHT RD, NW CITY/ST/ZIP/CO: ROANOKE, VA 24019-		
	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KATHY L. PHILLIPS TITLE: SEC/TREAS ADDRESS: 5422 MAYFIELD ST NE CITY/ST/ZIP/CO: ROANOKE, VA 24019-		
	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: C E CUMBIE JR TITLE: LEGISLATIVE CHR ADDRESS: 1510 MILLWOOD DR CITY/ST/ZIP/CO: SALEM, VA 24153-		
	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KEITH E NOELL TITLE: VICE PRESIDENT ADDRESS: 5281 SALLIE LN CITY/ST/ZIP/CO: SALEM, VA 24153-		
	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES G NEWMAN TITLE: DIRECTOR ADDRESS: 2174 SPRING RD CITY/ST/ZIP/CO: PATRICK SPRINGS, VA 24133-		

NAME: CLARENCE S BOONE TITLE: DIRECTOR ADDRESS: 131 HILLMOUNT DR CITY/ST/ZIP/CO: SALEM, VA 24153-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: J L QUINN TITLE: DIRECTOR ADDRESS: 5431 DANVILLE PIKE CITY/ST/ZIP/CO: HILLSVILLE, VA 24343-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND HOWELL TITLE: DIRECTOR ADDRESS: 2924 BENT TREE CIRCLE CITY/ST/ZIP/CO: SALEM, VA 24153-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JERRY PRICE TITLE: DIRECTOR ADDRESS: 1729 BOLD BRANCH RD CITY/ST/ZIP/CO: BEDFORD, VA 24523-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALETA C MOORE TITLE: DIRECTOR ADDRESS: 529 EASY ST CITY/ST/ZIP/CO: SALEM, VA 24153-	<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/ KATHY L. PHILLIPS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHY L. PHILLIPS, SEC/TREAS _____ PRINTED NAME AND CORPORATE TITLE
1/26/2011 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.	