

1.) CORPORATION NAME:

SHENANDOAH PRESBYTERY CORPORATION

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PHILIP H MILLER
11 TERRY CT STE A
PO BOX 2366**

SCC ID NO: **01494616**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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STAUNTON, VA 24402-2366

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

STAUNTON CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: **STELLAR ONE WEALTH MANAGEMENT
1920 MEDICAL AVE. STE E**

CITY/ST/ZIP: **HARRISONBURG, VA 22801**

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.

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|-----------------|------------------------|---|--|
| NAME: | DONALD R. MYERS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIR/PRES | | |
| ADDRESS: | 1640 GLENSIDE DR | | |
| CITY/ST/ZIP/CO: | HARRISONBURG, VA 22801 | | |

| | | | |
|-----------------|------------------------|---|-----------------------------------|
| NAME: | B RANDOLPH ROLLER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 1920 MEDICAL AVE STE E | | |
| CITY/ST/ZIP/CO: | HARRISONBURG, VA 22801 | | |

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|-----------------|-------------------------|---|--|
| NAME: | PHILIP H MILLER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | PO BOX 2366 | | |
| CITY/ST/ZIP/CO: | STAUNTON, VA 24402-2366 | | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| NAME: | JOHN C PETERSON, III | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2001 N. COALTER ST | | |
| CITY/ST/ZIP/CO: | STAUNTON, VA 24401 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | Richard Creasy | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 249 Thwaite Lane | | |
| CITY/ST/ZIP/CO: | Winchester, VA 22603 | | |

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|-----------------|------------------------|---|--|
| NAME: | Ronald I Hylton | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 955 Clairmont Avenue | | |
| CITY/ST/ZIP/CO: | Harrisonburg, VA 22801 | | |

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|-----------------|--------------------------|----------------------------------|--|
| NAME: | Alan F Garrison | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P O Box 108 | | |
| CITY/ST/ZIP/CO: | Staunton, VA 24402 | | |
| NAME: | Gary W Moyers | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1293 Friendens Church Rd | | |
| CITY/ST/ZIP/CO: | Mt Crawford, VA 22841 | | |
| NAME: | Dennis Snyder | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 964 Wren Way | | |
| CITY/ST/ZIP/CO: | Harrisonburg, VA 22802 | | |
| NAME: | Lowell Lemons | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 305 Pelham Drive | | |
| CITY/ST/ZIP/CO: | Waynesboro, VA 22980 | | |
| NAME: | Garland Deaver | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2678 Jackson River Road | | |
| CITY/ST/ZIP/CO: | Monterey, VA 24465 | | |
| NAME: | Rachel Koeniger | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P O Box 98 | | |
| CITY/ST/ZIP/CO: | Brownsburg, VA 24415 | | |
| NAME: | V Judd Romine | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 41 Captain Baird Court | | |
| CITY/ST/ZIP/CO: | Charles Town, WV 25414 | | |
| NAME: | G William Watkins | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1035 Fairway Drive | | |
| CITY/ST/ZIP/CO: | Waynesboro, VA 22980 | | |
| NAME: | D Rae Carpenter Jr | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 160 Kendal Drive Apt 313 | | |
| CITY/ST/ZIP/CO: | Lexington, VA 24450 | | |

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/ PHILIP H MILLER | PHILIP H MILLER, PRESIDENT | 11/26/2012 |
| 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.