

1.) CORPORATION NAME:

**UNIFIED HUMAN SERVICES TRANSPORTATION SYSTEMS,
INC.**

DUE DATE: **2/28/2011**

SCC ID NO: **01508100**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
JACK VERNON ALTIZER
324 WASHINGTON AVE., S.W.
ROANOKE, VA 24016**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2762 SHENANDOAH AVE NW
PO BOX 13825

CITY/ST/ZIP: ROANOKE, VA 24037-

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: BRUCE HOLLAR
TITLE: PRESIDENT
ADDRESS: 465 WESTLAND ST
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER DIRECTOR

NAME: SAM LONG
TITLE: VICE PRESIDENT
ADDRESS: 435 MCCLANANHAN ST SW
CITY/ST/ZIP/CO: ROANOKE, VA 24014-

OFFICER DIRECTOR

NAME: STEBBINS HUBARD
TITLE: TREASURER
ADDRESS: P O BOX 2768
CITY/ST/ZIP/CO: ROANOKE, VA 24001-

OFFICER DIRECTOR

NAME: CURTIS A ANDREWS
TITLE: DIRECTOR
ADDRESS: PO BOX 13825
CITY/ST/ZIP/CO: ROANOKE, VA 24037-

OFFICER DIRECTOR

NAME: CLAUDE REYNOLDS
TITLE: DIRECTOR
ADDRESS: 2655 NOTTINGHAM RD SE
CITY/ST/ZIP/CO: ROANOKE, VA 24014-

OFFICER DIRECTOR

NAME: THELMA HAYNESWORTH TITLE: SECRETARY ADDRESS: 6510 FAIRWAY FOREST DRIVE CITY/ST/ZIP/CO: ROANOKE, VA 24018-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DANNY CAMPER TITLE: DIRECTOR ADDRESS: 8269 OLSEN ROAD CITY/ST/ZIP/CO: ROANOKE, VA 24019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TIM HAGER TITLE: DIRECTOR ADDRESS: P.O. BOX 1165 CITY/ST/ZIP/CO: ROANOKE, VA 24006-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: FREDA CARPER TITLE: DIRECTOR ADDRESS: P.O. BOX 2876 CITY/ST/ZIP/CO: ROANOKE, VA 24001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SCOTT MCCOY TITLE: DIRECTOR ADDRESS: 318 WEST SALEM AVE., SW CITY/ST/ZIP/CO: ROANOKE, VA 24016-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TOM ROBERTS TITLE: DIRECTOR ADDRESS: 845 ORCHARD ROAD CITY/ST/ZIP/CO: ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TOM ROBERTS TITLE: DIRECTOR ADDRESS: 845 ORCHARD ROAD CITY/ST/ZIP/CO: ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CURTIS A ANDREWS	CURTIS A ANDREWS, DIRECTOR	12/16/2010
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.