

1.) CORPORATION NAME:

HANOVER ARC, INCORPORATED

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LUCY CANTRELL
112 A THOMPSON ST
PO BOX 91**

SCC ID NO: **01523406**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

ASHLAND, VA 23005

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 112A THOMPSON ST
PO BOX 91

CITY/ST/ZIP: ASHLAND, VA 23005

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:	HAMILTON HOLLOWAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	16234 HARTLAND COURT		
CITY/ST/ZIP/CO:	BEAVERDAM, VA 23015		

NAME:	TEELO RUTLEDGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8497 BRITTLEWOOD CIR		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		

NAME:	JOHN F MONTAIGNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	12094 YOWELL ROAD		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005		

NAME:	KIM W GOODLOE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12359 ASHCAKE ROAD		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005		

NAME:	VICTORIA HARDY-MURRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8325 PATRICK HENRY BLVD		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		

NAME:	Julius Anonogos	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8554 Meadowsweet Dr.		
CITY/ST/ZIP/CO:	Mechanicsville, VA 23111		

NAME: Ellen McIlhenny TITLE: DIRECTOR ADDRESS: 14995 Lane Mill Rd. CITY/ST/ZIP/CO: Montpelier, VA 23192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dottie Walsh TITLE: DIRECTOR ADDRESS: 12365 Ashcake Road CITY/ST/ZIP/CO: Ashland, VA 23005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Chris Malone TITLE: DIRECTOR ADDRESS: 9394 Laurel Grove Rd CITY/ST/ZIP/CO: Mechanicsville, VA 23116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sharon Straus TITLE: DIRECTOR ADDRESS: 505 Pleasant Street CITY/ST/ZIP/CO: Ashland, VA 23005	<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/ HAMILTON HOLLOWAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HAMILTON HOLLOWAY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/24/2013 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.		