

1.) CORPORATION NAME:

**SHENANDOAH AREA AGENCY ON AGING, INC.**

DUE DATE: **7/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
JAMES A SHAFFER  
207 MOSBY LANE  
FRONT ROYAL, VA 22630**

SCC ID NO: **01604529**

5.) STOCK INFORMATION

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

**WARREN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 207 MOSBY LANE

CITY/ST/ZIP: FRONT ROYAL, VA 22630-

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: JOHN GRAVES  
TITLE: CHAIRMAN  
ADDRESS: 3464 OLD FORGE RD  
CITY/ST/ZIP/CO: LURAY, VA 22835-

OFFICER

DIRECTOR

NAME: ROBERT KENDALL  
TITLE: DIRECTOR  
ADDRESS: 332 RIDGE AVE  
CITY/ST/ZIP/CO: WINCHESTER, VA 22601-

OFFICER

DIRECTOR

NAME: JAMES SHAFFER  
TITLE: DIR OF FINANCE  
ADDRESS: 309 E PROSPECT STREET  
CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-

OFFICER

DIRECTOR

NAME: SHELBY DEPRIEST  
TITLE: TREASURER  
ADDRESS: PO BOX 12  
CITY/ST/ZIP/CO: FORT VALLEY, VA 22652-

OFFICER

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/ JAMES SHAFFER

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

JAMES SHAFFER, DIR OF  
FINANCE

PRINTED NAME AND CORPORATE  
TITLE

6/14/2011

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.