

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: HELEN COCKRELL
TITLE: PRESIDENT
ADDRESS: 250 BLACK ANGUS RUN
CITY/ST/ZIP/CO: RILEYVILLE, VA 22650-

OFFICER DIRECTOR

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

OFFICER DIRECTOR

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

OFFICER DIRECTOR

NAME: JOHN HUDSON
TITLE: VICE CHAIRMAN
ADDRESS: 308 CHURCH ST.
CITY/ST/ZIP/CO: BERRYVILLE, VA 22611-

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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIOLET CARTER DIRECTOR STONEBURNER & CARTER 11 WATER ST. FRONT ROYAL, VA 22630-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT KENDALL DIRECTOR 332 RIDGE AVE WINCHESTER, VA 22601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY ROPER DIRECTOR 100 N. CHURCH ST BERRYVILLE, VA 22611-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERYL SWARTZ DIRECTOR 122 COUNTRY CLUB CIRCLE WINCHESTER, VA 22602-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD SHIRLEY DIRECTOR 2359 MARTINSBURG PIKE SEPHENSON, VA 22656-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOIS WISMER DIRECTOR 362 WOOD AVE WINCHESTER, VA 22601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERESA STROHMEYER DIRECTOR 1263 CEDAR RD. CLEARBROOK, VA 22624-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY T. PRICE DIRECTOR 307 WHITE DEER LANE STRASBURG, VA 22657-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH ALGER DIRECTOR 528 CHURCH AVE. STANLEY, VA 22851-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	N. TRAVIS CLARK DIRECTOR 791 STONYMAN RD. LURAY, VA 22835-	<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.			

<u>/s/ JAMES SHAFFER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JAMES SHAFFER, DIR OF FINANCE</u> PRINTED NAME AND CORPORATE TITLE	<u>6/14/2011</u> DATE
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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.