

1.) CORPORATION NAME:

ANDERSON & ASSOCIATES OF VIRGINIA, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**S. K. ANDERSON
100 ARDMORE STREET
BLACKSBURG, VA**

SCC ID NO: **01712629**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 ARDMORE ST

CITY/ST/ZIP: BLACKSBURG, VA 24060

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RONALD A. WORLEY, JR.	
TITLE:	PRESIDENT	
ADDRESS:	100 ARDMORE STREET	
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY S CROUCH	
TITLE:	VICE PRESIDENT	
ADDRESS:	RT 3 BOX 153 B	
CITY/ST/ZIP/CO:	FLOYD, VA 24091	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER KAKNIS	
TITLE:	VICE PRESIDENT	
ADDRESS:	100 ARDMORE STREET	
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT BOYD	
TITLE:	VICE PRESIDENT	
ADDRESS:	100 ARDMORE STREET	
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM BUSHMAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	100 ARDMORE STREET	
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NEIL A. MARTIN	
TITLE:	VICE PRESIDENT	
ADDRESS:	100 ARDMORE STREET	
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060	

NAME: JESSICA NICHOLS TITLE: VICE PRESIDENT ADDRESS: 100 ARDMORE STREET CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WARREN SIMMONS TITLE: VICE PRESIDENT ADDRESS: 406 GALLIMORE DAIRY ROAD CITY/ST/ZIP/CO: GREENSBORO, NC 27409	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: S K ANDERSON TITLE: CEO ADDRESS: 805 ALLENDALE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT R. RATCLIFFE JR. TITLE: SECRETARY ADDRESS: 100 ARDMORE STREET CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROGER BEEKER TITLE: DIRECTOR ADDRESS: 100 ARDMORE STREET CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RAY BOOTH TITLE: DIRECTOR ADDRESS: 100 ARDMORE STREET CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK HART TITLE: DIRECTOR ADDRESS: 100 ARDMORE ST CITY/ST/ZIP/CO: BALCKSBURG, VA 24060	<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/ ROBERT R. RATCLIFFE JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT R. RATCLIFFE JR., SECRETARY PRINTED NAME AND CORPORATE TITLE
12/30/2013 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.	