

1.) CORPORATION NAME:

VIRGINIA LEGAL AID SOCIETY, INC.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID B. NEUMEYER
513 CHURCH ST.
LYNCHBURG, VA**

SCC ID NO: **01761675**

5.) STOCK INFORMATION

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

LYNCHBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 513 CHURCH ST

CITY/ST/ZIP: LYNCHBURG, VA 24504

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:	MICHAEL DOUCETTE ESQ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P O BOX 1539		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24505		
NAME:	BRUCE E ROBINSON, ESQ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	1ST VP		
ADDRESS:	413 ATLANTIC STREET		
CITY/ST/ZIP/CO:	SOUTH HILL, VA 23970		
NAME:	STACY D. ALLOCCA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 601		
CITY/ST/ZIP/CO:	126 SOUTH UNION STREET DANVILLE, VA 24543		
NAME:	JOEL CUNNINGHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 459		
CITY/ST/ZIP/CO:	HALIFAX, VA 24558		
NAME:	THELMA V. HINTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2210 E. WASHINGTON STREET		
CITY/ST/ZIP/CO:	APT 804 SUFFOLK, VA 23434		
NAME:	NATHAN JACOBS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	222 TWIN OAK DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		

NAME: MONICA LOGAN-LANIER TITLE: DIRECTOR ADDRESS: 2208 WILLOW STREET CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE A LYLE ESQ. TITLE: DIRECTOR ADDRESS: P.O. BOX 7 CITY/ST/ZIP/CO: COLLINSVILLE, VA 24078	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEANETTE OJEDA TITLE: SECT./TREAS. ADDRESS: 705 WEST WASHINGTON STREET CITY/ST/ZIP/CO: SUFFOLK, VA 23434	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WHITNEY SAUNDERS, ESQ TITLE: DIRECTOR ADDRESS: 705 W WASHINGTON STREET CITY/ST/ZIP/CO: SUFFOLK, VA 23434	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARC A. SCHEWEL TITLE: DIRECTOR ADDRESS: P.O. BOX 1600 CITY/ST/ZIP/CO: LYNCHBURG, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT WOOD TITLE: DIRECTOR ADDRESS: P.O BOX 958 CITY/ST/ZIP/CO: LYNCHBURG, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHIRLEY CAMPER TITLE: DIRECTOR ADDRESS: 26 LAZARETTO CREEK RD. CITY/ST/ZIP/CO: CREWE, VA 23930	<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/ MICHAEL DOUCETTE ESQ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL DOUCETTE ESQ, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/3/2013 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.		