

1.) CORPORATION NAME:

VIRGINIA LEGAL AID SOCIETY, INC.

DUE DATE: **6/30/2014**

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 TITLE: PRESIDENT ADDRESS: P O BOX 1539 CITY/ST/ZIP/CO: LYNCHBURG, VA 24505	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRUCE E ROBINSON, ESQ TITLE: 1ST VP ADDRESS: 413 ATLANTIC STREET CITY/ST/ZIP/CO: SOUTH HILL, VA 23970	<input checked="" 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: STACY D. ALLOCCA TITLE: DIRECTOR ADDRESS: P.O. BOX 601 CITY/ST/ZIP/CO: 126 SOUTH UNION STREET DANVILLE, VA 24543	<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
NAME: JOEL CUNNINGHAM TITLE: DIRECTOR ADDRESS: P.O. BOX 459 CITY/ST/ZIP/CO: HALIFAX, VA 24558	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: THELMA V. HINTON TITLE: DIRECTOR ADDRESS: 2210 E. WASHINGTON STREET APT 804 CITY/ST/ZIP/CO: SUFFOLK, VA 23434	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NATHAN JACOBS TITLE: DIRECTOR ADDRESS: 222 TWIN OAK DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: 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: Melissa Waugh TITLE: DIRECTOR ADDRESS: P.O. Box 900 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Barbara Gregory TITLE: DIRECTOR ADDRESS: 3449 Stoney Cross Road CITY/ST/ZIP/CO: Baskerville, VA 23915	<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	4/23/2014 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.		