

1.) CORPORATION NAME: The Arc of Rockbridge	DUE DATE: 7/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBIN RICARDE 125 SUNSET RIDGE BUENA VISTA, VA	SCC ID NO: 01765601
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BUENA VISTA CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 657

CITY/ST/ZIP: LEXINGTON, VA 24450

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: KRISTEN DORSEY TITLE: PRESIDENT ADDRESS: 154 HAZEL AVE CITY/ST/ZIP/CO: BUENA VISTA, VA 24416	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTY BLACK TITLE: TREASURER ADDRESS: 4994 PLANK ROAD CITY/ST/ZIP/CO: NATURAL BRIDGE, VA 24578	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHIRLEY HELLMUTH TITLE: SECRETARY ADDRESS: 10 ROBINDALE CT CITY/ST/ZIP/CO: BUENA VISTA, VA 24416	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBIN RICARDE TITLE: DIRECTOR ADDRESS: 125 SUNSET RIDGE CITY/ST/ZIP/CO: BUENA VISTA, VA 24416	<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/ ROBIN RICARDE	ROBIN RICARDE, DIRECTOR	7/31/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.