

1.) CORPORATION NAME:

**CHAMBER OF COMMERCE OF SMYTH COUNTY,
INCORPORATED**

DUE DATE: **12/31/2011**

SCC ID NO: **02126746**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
KRISTIN W. UNTIEDT-BARNETT
214 WEST MAIN STREET
MARION, VA 24354**

5.) STOCK INFORMATION

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

SMYTH COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 214 WEST MAIN STREET
PO BOX 924

CITY/ST/ZIP: MARION, VA 24354-

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: DAWN ARCHER
TITLE: DIRECTOR
ADDRESS: 150 JOHNSTON RD
CITY/ST/ZIP/CO: MARION, VA 24354-

OFFICER

DIRECTOR

NAME: ROGER CATARINO
TITLE: DIRECTOR
ADDRESS: 211 WASHINGTON AVENUE
CITY/ST/ZIP/CO: MARION, VA 24354-

OFFICER

DIRECTOR

NAME: DEBORAH CLEAR
TITLE: PRESIDENT
ADDRESS: PO BOX 828
CITY/ST/ZIP/CO: ABINGDON, VA 24210-

OFFICER

DIRECTOR

NAME: TODD DISHNER
TITLE: DIRECTOR
ADDRESS: 202 SPRING VALLEY ROAD
CITY/ST/ZIP/CO: MARION, VA 24354-

OFFICER

DIRECTOR

NAME: DENNIS FARLEY
TITLE: DIRECTOR
ADDRESS: 307 WEST MAIN STREET
CITY/ST/ZIP/CO: MARION, VA 24354-

OFFICER

DIRECTOR

NAME:	MICHAEL GUY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4453 LEE HIGHWAY		
CITY/ST/ZIP/CO:	MARION, VA 24354-		
NAME:	KENNETH HEATH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1005		
CITY/ST/ZIP/CO:	MARION, VA 24354-		
NAME:	CATHY MAINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 880		
CITY/ST/ZIP/CO:	MARION, VA 24354-		
NAME:	RON ORR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	548 CAMPBELL DRIVE		
CITY/ST/ZIP/CO:	SALTVILLE, VA 24370-		
NAME:	DAVID RHEA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 5006		
CITY/ST/ZIP/CO:	CHILHOWIE, VA 24319-		
NAME:	CATHY SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	149 CRESTWOOD DRIVE		
CITY/ST/ZIP/CO:	CHILHOWIE, VA -		
NAME:	JILL TALBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	514 RIDGEVIEW ROAD		
CITY/ST/ZIP/CO:	SALTVILLE, VA -		
NAME:	RACHEL VAUGHN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO DRAWER B		
CITY/ST/ZIP/CO:	SALTVILLE, VA -		
NAME:	TREY WHITE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	150 JOHNSTON ROAD		
CITY/ST/ZIP/CO:	MARION, VA -		
NAME:	JUDY COMPTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 1560		
CITY/ST/ZIP/CO:	CHILHOWIE, VA 24319-		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KRISTIN UNTIEDT-BARNETT	
TITLE:	Executive Direc	
ADDRESS:	214 WEST MAIN STREET	
CITY/ST/ZIP/CO:	MARION, VA 24354-	

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/ KRISTIN UNTIEDT-BARNETT	KRISTIN UNTIEDT-BARNETT,	1/11/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>Executive Direc</u> 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.