

1.) CORPORATION NAME: **VIRGINIA HIGHLANDS COMMUNITY COLLEGE** DUE DATE: **3/31/2013**

**EDUCATIONAL FOUNDATION, INC.** SCC ID NO: **02158319**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  
**DR. F. DAVID WILKIN**  
**VIRGINIA HIGHLANDS COMMUNITY COLLEGE**  
**STATE ROUTE 372, P. O. BOX 828**  
  
**ABINGDON, VA**

5.) STOCK INFORMATION  
CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**WASHINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 828  
CITY/ST/ZIP: ABINGDON, VA 24212

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:	DR. RON PROFFITT	
TITLE:	PRES - COLLEGE	
ADDRESS:	P O BOX 828	
CITY/ST/ZIP/CO:	ABINGDON, VA 24212	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Mike Spiegler	
TITLE:	TREASURER	
ADDRESS:	French Moore Blvd.	
CITY/ST/ZIP/CO:	ABINGDON, VA 24212	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DR. CARLA KEENE	
TITLE:	VICE CHAIR	
ADDRESS:	PO BOX 287	
CITY/ST/ZIP/CO:	ABINGDON, VA 24212	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERTA LOONEY	
TITLE:	CHAIRPERSON	
ADDRESS:	P O BOX 1008	
CITY/ST/ZIP/CO:	ABINGDON, VA 24212	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN ROBERTS JR.	
TITLE:	SECRETARY	
ADDRESS:	27589 OSCEOLA ROAD	
CITY/ST/ZIP/CO:	ABINGDON, VA 24211	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Carol Jones	
TITLE:	PRESIDENT	
ADDRESS:	17380 Lee Hwy.	
CITY/ST/ZIP/CO:	Abingdon, VA 24212	

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.

<u>/s/ DR. RON PROFFITT</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DR. RON PROFFITT, PRES - COLLEGE</u> PRINTED NAME AND CORPORATE TITLE	<u>7/31/2013</u> DATE
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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.