

1.) CORPORATION NAME:

Piedmont UniServ Unit/District 13 of VEA, Incorporated

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PATRICIA K ROBERSON
148 ARNETT BLVD STE B
DANVILLE, VA**

SCC ID NO: **02223022**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

DANVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 148 ARNETT BLVD STE B

CITY/ST/ZIP: DANVILLE, VA 24540

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: PATRICIA K ROBERSON TITLE: IM. PAST PRES. ADDRESS: 332 WITHERS CIRCLE CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TERRY PAYNE TITLE: TREASURER ADDRESS: 172 HOWELAND CIRCLE CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MOIRA DEMPSEY TITLE: DIRECTOR ADDRESS: 2048 CLUSTER SPRINGS ROAD CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BEVERLY ABBOTT TITLE: SECRETARY ADDRESS: 130 BROOKVIEW RD CITY/ST/ZIP/CO: DANVILLE, VA 24540	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOROTHY CARTER TITLE: PRESIDENT ADDRESS: 225 BLUE KNOB RD CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CASSANDRA CRUMP TITLE: DIRECTOR ADDRESS: P O BOX 252 CITY/ST/ZIP/CO: RINGGOLD, VA 24586	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	KARI JOYNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	781 GREEN BAY RD		
CITY/ST/ZIP/CO:	GREEN BAY, VA 23942		
NAME:	JESSICA JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1218 WHIPPING CREEK RD		
CITY/ST/ZIP/CO:	GLADYS, VA 24554		
NAME:	ALAINA KISKADDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	830 BECK RD		
CITY/ST/ZIP/CO:	EDEN, NC 27288		
NAME:	KIKI SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	61 RIDGELAND HEIGHTS RD		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112		
NAME:	ANTHONY SWANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 BEVERLY RD		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		
NAME:	MARY KATE WELLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1752 ARROWHEAD LN		
CITY/ST/ZIP/CO:	DANVILLE, VA 24540		
NAME:	RENDY WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2049 TROT VALLEY RD		
CITY/ST/ZIP/CO:	STUART, VA 24171		
NAME:	ROBERT DALE OVERFELT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	841 ANTHONY DR		
CITY/ST/ZIP/CO:	PATRICK SPRINGS, VA 24133		
NAME:	JAMES GRAVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2762 WOODFORK RD		
CITY/ST/ZIP/CO:	CHARLOTTE C H, VA 23923		
NAME:	ANNA MARIA AYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1221 SKYVIEW TRL		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112		
NAME:	JOANNA CLEMENT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 223		
CITY/ST/ZIP/CO:	PATRICK SPRINGS, VA 24133		

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/ DOROTHY CARTER	DOROTHY CARTER, PRESIDENT	8/5/2013
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.		