

1.) CORPORATION NAME:

CARILION CLINIC FOUNDATION

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRIGGS W ANDREWS
CARILION 213 S JEFFERSON ST STE 720
PO BOX 40032**

SCC ID NO: **02249035**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ROANOKE, VA 24022-32

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 213 S JEFFERSON ST STE 720
PO BOX 40032

CITY/ST/ZIP: ROANOKE, VA 24022-0032

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:	NANCY HOWELL AGEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	802 CHERRYWOOD RD		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	BRIGGS W ANDREWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3215 GRANDIN RD SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	DONALD E. LORTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1141 WINDY HILL ROAD		
CITY/ST/ZIP/CO:	GOODVIEW, VA 24095		
NAME:	GEORGE B CARTLEDGE JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3101 SOMERSET ST SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	WARNER DALHOUSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	460 TRANQUILITY RD		
CITY/ST/ZIP/CO:	MONETA, VA 24121		
NAME:	JAMES A HARTLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 374		
CITY/ST/ZIP/CO:	PEARISBURG, VA 24134		

NAME:	SHIRLEY HOLLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	161 LILA LN		
CITY/ST/ZIP/CO:	BOONES MILL, VA 24065		
NAME:	VERNICE LAW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3345 KINGSBURY CIR SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	MINNIS E RIDENOUR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VIRGINIA TECH		
CITY/ST/ZIP/CO:	319 BURRUSS HALL (0183) BLACKSBURG, VA 24061		
NAME:	ROBERT BENNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1361 LAKEWOOD DRIVE SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24015		
NAME:	ROBERT FRALIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	519 CLYDESDALE ST SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	DAVID HERRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 CEDAR HILL CT., STE. A		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523		
NAME:	WILLIAM R. KINGERY, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	580 KIN VALE RD		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		
NAME:	DAVID WINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2713 AVENHAM AVE SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
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/ BRIGGS W ANDREWS</u>	<u>BRIGGS W ANDREWS,</u>	<u>10/26/2012</u>	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.			