

1.) CORPORATION NAME:

DUE DATE: **12/31/2013**

CARILION CLINIC FOUNDATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **02249035**

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

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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ROANOKE, VA

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.

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|-----------------|-------------------|----------------------------------|--|
| NAME: | NANCY HOWELL AGEE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 802 CHERRYWOOD RD | | |
| CITY/ST/ZIP/CO: | SALEM, VA 24153 | | |

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|-----------------|--------------------|---|-----------------------------------|
| 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 | | |

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|-----------------|------------------------|----------------------------------|--|
| NAME: | ROBERT G. BENNETT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1361 LAKEWOOD DRIVE SW | | |
| CITY/ST/ZIP/CO: | ROANOKE, VA 24015 | | |

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|-----------------|-----------------------|---|--|
| NAME: | GEORGE B CARTLEDGE JR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE CHAIRMAN | | |
| ADDRESS: | 3101 SOMERSET ST SW | | |
| CITY/ST/ZIP/CO: | ROANOKE, VA 24014 | | |

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|-----------------|--------------------|---|--|
| NAME: | WARNER DALHOUSE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | 460 TRANQUILITY RD | | |
| CITY/ST/ZIP/CO: | MONETA, VA 24121 | | |

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|-----------------|----------------------|----------------------------------|--|
| 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 | | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JAMES A HARTLEY DIRECTOR P O BOX 374 PEARISBURG, VA 24134 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DAVID HERRICK DIRECTOR 1 CEDAR HILL CT., STE. A BEDFORD, VA 24523 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SHIRLEY HOLLAND DIRECTOR 161 LILA LN BOONES MILL, VA 24065 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | WILLIAM R. KINGERY, JR. DIRECTOR 580 KIN VALE RD ROCKY MOUNT, VA 24151 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | VERNICE LAW DIRECTOR 3345 KINGSBURY CIR SW ROANOKE, VA 24014 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MINNIS E RIDENOUR DIRECTOR 706 SOMERSET PLACE BLACKSBURG, VA 24060-5600 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | J. DAVID WINE DIRECTOR 2713 AVENHAM AVE SW ROANOKE, VA 24014 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ABNEY S. BOXLEY, III DIRECTOR 301 WILLOW OAK DRIVE ROANOKE, VA 24014 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | NICHOLAS C. CONTE DIRECTOR 2801 AVENHAM AVENUE ROANOKE, VA 24014 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | H. E. DERRICK DIRECTOR 206 PAXTON STREET LEXINGTON, VA 24450 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | R. WAYNE GANDEE DIRECTOR 3271 ALLENDALE STREET SW ROANOKE, VA 24014 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CYNTHIA LAWRENCE DIRECTOR 2509 NOTTINGHAM ROAD SE ROANOKE, VA 24014 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | G. ROBERT VAUGHAN, JR. TREASURER 147 BOGEY LANE SALEM, VA 24153 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RALPH E. WHATLEY, M.D. DIRECTOR 85 STONELEDGE DRIVE ROANOKE, VA 24019 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DONALD B. HALLIWILL ASST TREASURER 6140 MORNING GLORY DRIVE ROANOKE, VA 24012 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | LAUREN J. CHEN ASST SECRETARY 2067 LEE HI ROAD SW ROANOKE, VA 24018 | <input checked="" type="checkbox"/> OFFICER | <input 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/ LAUREN J.CHEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | LAUREN J.CHEN, PRINTED NAME AND CORPORATE TITLE | 12/4/2013 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. | | | |