

1.) CORPORATION NAME:

**ALLEGHANY HIGHLANDS ARTS AND CRAFTS CENTER,  
INC.**

DUE DATE: **8/31/2012**

SCC ID NO: **02459527**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**J. DENNIS NELSON  
439 EAST RIDGEWAY  
CLIFTON FORGE, VA 24422**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALLEGHANY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 273

CITY/ST/ZIP: CLIFTON FORGE, VA 24422

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:           | VICKIE PRICE            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT               |   |  |
| ADDRESS:        | 1100 INGALLS STREET     |   |  |
| CITY/ST/ZIP/CO: | CLIFTON FORGE, VA 24422 |   |  |

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| NAME:           | BETSY CARTER         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | REC. SEC             |   |  |
| ADDRESS:        | 105 FAIRFIELD CT     |   |  |
| CITY/ST/ZIP/CO: | EAGLE ROCK, VA 24085 |   |  |

|                 |                         |   |  |
|-----------------|-------------------------|---|--|
| NAME:           | ANNE KOETHCKE           | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CORR. SEC.              |   |  |
| ADDRESS:        | 1708 JEFFERSON          |   |  |
| CITY/ST/ZIP/CO: | CLIFTON FORGE, VA 24422 |   |  |

|                 |                     |   |  |
|-----------------|---------------------|---|--|
| NAME:           | J DENNIS NELSON     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER           |   |  |
| ADDRESS:        | 828 WHITE OAK DRIVE |   |  |
| CITY/ST/ZIP/CO: | COVINGTON, VA 24426 |   |  |

|                 |                         |                                  |  |
|-----------------|-------------------------|----------------------------------|--|
| NAME:           | SHELZIA BAYNE           | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                |                                  |  |
| ADDRESS:        | PO BOX 496              |                                  |  |
| CITY/ST/ZIP/CO: | CLIFTON FORGE, VA 24422 |                                  |  |

|                 |                     |                                  |  |
|-----------------|---------------------|----------------------------------|--|
| NAME:           | KAREN BROWN         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |                                  |  |
| ADDRESS:        | 1007 APACHE CT      |                                  |  |
| CITY/ST/ZIP/CO: | COVINGTON, VA 24426 |                                  |  |

|  |  |   |  |
|--|--|---|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | BUDDY CARTER<br>DIRECTOR<br>105 FAIRFIELD CT.<br>EAGLE ROCK, VA 24085              | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DON CARTER<br>DIRECTOR<br>109 HOWARD ST.<br>CLIFTON FORGE, VA 24422                | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | LIBBY DAVIS<br>DIRECTOR<br>912 CHEROKEE CT.<br>COVINGTON, VA 24426                 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | ANN DREWRY<br>DIRECTOR<br>1714 FOREST HILLS AVE<br>CLIFTON FORGE, VA 24422         | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | PHYLLIS HENDRICKS<br>DIRECTOR<br>1712 FOREST HILLS AVE.<br>CLIFTON FORGE, VA 24422 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | KYLE KEYSER<br>DIRECTOR<br>629 E. PRINCETON DR.<br>COVINGTON, VA 24426             | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | ELIZABETH LOCHER<br>DIRECTOR<br>26 BEATTY HOLLOW<br>LEXINGTON, VA 24450            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | KRISTINA PLEASANT<br>DIRECTOR<br>247 E. PENNSYLVANIA ST.<br>COVINGTON, VA 24426    | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | EVELYN SIMMONS<br>DIRECTOR<br>330 W. RIVERVIEW<br>APT. A-1<br>COVINGTON, VA 24426  | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | ANN WRIGHT<br>VICE PRESIDENT<br>429 RIDGEWAY ST.<br>CLIFTON FORGE, VA 24422        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | LU BURKS<br>DIRECTOR<br>301 RIDGEWOOD CIRCLE<br>COVINGTON, VA 24426                | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |

|                 |                         |                                  |  |
|-----------------|-------------------------|----------------------------------|--|
| NAME:           | MARY CANTRELL           | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                |                                  |  |
| ADDRESS:        | 732 PALACE BLVD.        |                                  |  |
| CITY/ST/ZIP/CO: | CLIFTON FORGE, VA 24422 |                                  |  |

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/ J DENNIS NELSON                                 | J DENNIS NELSON, TREASURER       | 7/12/2012 |
| 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.