

1.) CORPORATION NAME:

**RAPOCA ENERGY COMPANY**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **02645208**

**GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3009 ATKINSON AVENUE  
SUITE 200

CITY/ST/ZIP: LEXINGTON, KY 40509

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:	GARY L. TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3009 ATKINSON AVENUE		
	SUITE 200		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		

NAME:	LESTER R WIMPY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3009 ATKINSON AVENUE		
	SUITE 200		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		

NAME:	MARTIN EVANS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3009 ATKINSON AVENUE		
	SUITE 200		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		

NAME:	MARTIN EVANS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3009 ATKINSON AVENUE		
	SUITE 200		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		

NAME:	LESTER R. WIMPY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3009 ATKINSON AVENUE		
	SUITE 200		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		

NAME: Steven L. Lawson TITLE: DIRECTOR ADDRESS: 3009 Atkinson Avenue Suite 200 CITY/ST/ZIP/CO: Lexington, KY 40509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Doug Plummer TITLE: DIRECTOR ADDRESS: 3009 Atkinson Avenue Suite 200 CITY/ST/ZIP/CO: Lexington, KY 40509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ GARY L. TAYLOR	GARY L. TAYLOR, 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.