

1.) CORPORATION NAME:

RAPOCA ENERGY COMPANY

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **02645208**

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.

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

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

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

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARTIN EVANS	
TITLE:	SECRETARY	
ADDRESS:	3009 ATKINSON AVENUE SUITE 200 LEXINGTON, KY 40509	
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	11/18/2015
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.