

1.) CORPORATION NAME:

UNIVERSITY OF VIRGINIA HOSPITAL AUXILIARY

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CALVIN G NICHOLS
1215 LEE STREET
ROOM 1650 VOL SVCS OFFICE**

SCC ID NO: **02799294**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHARLOTTESVILLE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: UNIVERSITY OF VA. HOSPITAL AUXILIARY, INC.
HOSPITAL BOX 800668

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22908

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: Calvin Nichols		
TITLE: PRESIDENT		
ADDRESS: UVA HOSPITAL		
CITY/ST/ZIP/CO: PO BOX 800668 CHARLOTTESVILLE, VA 22908		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNDA DUNN		
TITLE: VICE PRESIDENT		
ADDRESS: UVA HOSPITAL		
CITY/ST/ZIP/CO: PO BOX 800668 CHARLOTTESVILLE, VA 22908		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marla McGaugh		
TITLE: VICE PRESIDENT		
ADDRESS: UVA HOSPITAL		
CITY/ST/ZIP/CO: PO BOX 800668 CHARLOTTESVILLE, VA 22908		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAT PERIOLAT		
TITLE: VICE PRESIDENT		
ADDRESS: UVA HOSPITAL		
CITY/ST/ZIP/CO: PO BOX 800668 CHARLOTTESVILLE, VA 22908		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLARK BLIGHT		
TITLE: TREASURER		
ADDRESS: UVA HOSPITAL		
CITY/ST/ZIP/CO: PO BOX 800668 CHARLOTTESVILLE, VA 22908		

NAME:	Beth-Ann Kallen	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	UVA HOSPITAL		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22908		

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/ Calvin Nichols	Calvin Nichols, PRESIDENT	11/7/2013
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.