

1.) CORPORATION NAME:

**HCM/MTE Associates, Inc.**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAROLYN K KYGER  
100 MYERS DR  
PO BOX 7823**

SCC ID NO: **02813103**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

**CHARLOTTESVILLE, VA 22906**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALBEMARLE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 7823

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906

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:	THOMAS J SOJKA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8390 DICK WOODS ROAD		
CITY/ST/ZIP/CO:	AFTON, VA 22920		

NAME:	DIANE LAWSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P.O. BOX 121		
CITY/ST/ZIP/CO:	QUINQUE, VA 22965		

NAME:	H CARTER MYERS III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	440 ROOKWOOD ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	CAROLYN K KYGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	800 FIFTH STREET		
CITY/ST/ZIP/CO:	SHENANDOAH, VA 22849		

NAME:	ELIZABETH M BORCHES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1521 OXFORD PLACE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	JOAN GOEBEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	14705 ACORN RIDGE PLACE		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		

