

1.) CORPORATION NAME:

VINTON CHAMBER OF COMMERCE, INC.

DUE DATE: **1/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

BRUCE E. MAYER

1106 E. Washington Ave.

P.O. Box 246

SCC ID NO: **03705381**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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Vinton, VA 24179

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 116 S POPLAR ST STE 1-A

CITY/ST/ZIP: VINTON, VA 24179-

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: CALEB MANN
TITLE: DIRECTOR
ADDRESS: 508 GUS NICKS BLVD
CITY/ST/ZIP/CO: ROANOKE, VA 24012-

OFFICER

DIRECTOR

NAME: PATRICK PATTERSON
TITLE: DIRECTOR
ADDRESS: 2902 WASHINGTON AVENUE
CITY/ST/ZIP/CO: VINTON, VA 24179-

OFFICER

DIRECTOR

NAME: TOMMY WOOD
TITLE: DIRECTOR
ADDRESS: 418 WASHINGTON AVE
CITY/ST/ZIP/CO: VINTON, VA 24129-

OFFICER

DIRECTOR

NAME: ANGIE C LEWIS
TITLE: EXEC DIRECTOR
ADDRESS: 116 S POPLAR ST STE 1-A
CITY/ST/ZIP/CO: VINTON, VA 24179-

OFFICER

DIRECTOR

NAME: SABRINA WEEKS
TITLE: PRESIDENT
ADDRESS: 1003 HARDY RD
CITY/ST/ZIP/CO: VINTON, VA 24179-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHANIE BROWN VICE PRESIDENT 222 S. POLLARD ST VINTON, VA 24179-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY CONNER VICE PRESIDENT 917 WASHINGTON AVE. VINTON, VA 24179-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STACIE BRINKLEY DIRECTOR 222 S. POLLARD ST. VINTON, VA 24179-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEAGAN LEWIS DIRECTOR 407 E. CLEVELAND AVE. VINTON, VA 24179-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHANNON DUFF DIRECTOR 323 W. VIRGINIA AVE VINTON, VA 24179-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KYNN DEADRICK DIRECTOR 217 MINNIE BELL LANE ROANOKE, VA 24012-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRANDT HARRELL DIRECTOR 2508 SASSAFRAS CRICLE VINTON, VA 24179-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AUBREY WRIGHT DIRECTOR 1090 BYPASS ROAD VINTON, VA 24179-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHUCK NEELY DIRECTOR 624 ABNEY ROAD ROANOKE, VA 24012-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGIE STANLEY DIRECTOR 210 E. WASHINGTON AVE. VINTON, VA 24179-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: HAL MABE TITLE: DIRECTOR ADDRESS: 2618 COLONIAL AVE. CITY/ST/ZIP/CO: ROANOKE, VA 24015-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KEITH LILES TITLE: DIRECTOR ADDRESS: 702 CLEARVIEW DR. CITY/ST/ZIP/CO: VINTON, VA 24179-	<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/ ANGIE C LEWIS	ANGIE C LEWIS, EXEC DIRECTOR	1/20/2011
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.