

1.) CORPORATION NAME:

The Roanoke County Public Schools Education Foundation, Inc.

DUE DATE: **6/30/2012**

SCC ID NO: **03773298**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PETER D VIETH
1846 WHIPPLETREE DRIVE
ROANOKE, VA 24018**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5937 COVE ROAD

CITY/ST/ZIP: ROANOKE, VA 24019

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:	MICHAEL MULVANEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5008 Airport Road		
CITY/ST/ZIP/CO:	Roanoke, VA 24012		

NAME:	TRACEY THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1212 CORPORATE CIRCLE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME:	RICK RAMSUER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3631 PETERS CREEK RD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		

NAME:	TARA WIEDEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1212 3RD ST		
CITY/ST/ZIP/CO:	ROANOKE, VA 24016		

NAME:	Lenora Downing	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1813 East Main Street		
CITY/ST/ZIP/CO:	Salem, VA 24153		

NAME:	Doug Eggleston	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	37 W. church Street		
CITY/ST/ZIP/CO:	Roanoke, VA 24011		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lorraine Lange DIRECTOR 5937 Cove Road Roanoke, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jim McAden DIRECTOR 1208 corporate Circle Roanoke, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Troy Henderson DIRECTOR 1320 Southside Drive Salem, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rob Hendren DIRECTOR 8414 Northwalk Drive Roanoke, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cindy Smith DIRECTOR 909 Iowa Street Salem, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jamie Soltis DIRECTOR 4549 Malus Drive Salem, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lew Thompson DIRECTOR 5929 Williamson Road Roanoke, VA 24012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ Lorraine Lange	Lorraine Lange, DIRECTOR	6/6/2012	
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.			