

1.) CORPORATION NAME: Personnel Pool of Virginia, Inc.	DUE DATE: 1/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CONNIE SAUNDERS 37 College Avenue Bluefield, VA	SCC ID NO: 04209375				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: TAZEWELL COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 796 BELLE ACRES LANE
P O BOX 247

CITY/ST/ZIP: BASTIAN, VA 24314

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: CONNIE SAUNDERS	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 37 COLLEGE DR				
CITY/ST/ZIP/CO: BLUEFIELD, VA 24605				

NAME: RICK SAUNDERS	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: OFFICER/VP				
ADDRESS: 37 COLLEGE DR				
CITY/ST/ZIP/CO: BLUEFIELD, VA 24605				

NAME: WILLIAM R WELLONS JR	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: S/T				
ADDRESS: 400 NORTH ST				
CITY/ST/ZIP/CO: BLUEFIELD, WV 24701				

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/ RICK SAUNDERS	RICK SAUNDERS, OFFICER/VP	3/3/2015
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.