

1.) CORPORATION NAME:

ALBERTA MANOR, INC.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DONALD A. BURGE
143 INDUSTRIAL PARKWAY
CLARKSVILLE, VA 23927**

SCC ID NO: **04222469**

5.) STOCK INFORMATION

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

MECKLENBURG COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 143 INDUSTRIAL PARKWAY
PO BOX 1478

CITY/ST/ZIP: CLARKSVILLE, VA 23927

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:	SHIRLEY WETHERBEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	416 BINFORD STREET		
CITY/ST/ZIP/CO:	SOUTH HILL, VA 23970		

NAME:	THOMAS KLUGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2204 WILBORN AVENUE		
CITY/ST/ZIP/CO:	SOUTH BOSTON, VA 24592		

NAME:	JOSEPH BITTMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4888 DRY BREAD ROAD		
CITY/ST/ZIP/CO:	WHITE PLAINS, VA 23893		

NAME:	JACIE ROBERTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 1176		
CITY/ST/ZIP/CO:	CLARKSVILLE, VA 23927		

NAME:	EVERETTE BURWELL SR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 753		
CITY/ST/ZIP/CO:	CLARKSVILLE, VA 23927		

NAME:	DONALD A. BURGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE DIR		
ADDRESS:	143 INDUSTRIAL PARKWAY		
CITY/ST/ZIP/CO:	PO BOX 1478 CLARKSVILLE, VA 23927		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD THORNHILL SECRETARY 297 PRESTWOOD ROAD ALBERTA, VA 23821	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELSIE GLADDING DIRECTOR PO BOX 252 HALIFAX, VA 24598	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA TAYLOR DIRECTOR PO BOX 799 SOUTH BOSTON, VA 24592	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY BANK DIRECTOR 1610 TALLEY STREET SOUTH BOSTON, VA 24592	<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/ DONALD A.BURGE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD A.BURGE, PRINTED NAME AND CORPORATE TITLE	2/11/2013 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.			