

1.) CORPORATION NAME:

Virginia Rural Health Resource Center

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BETH O'CONNOR
2265 KRAFT DRIVE
BLACKSBURG, VA**

SCC ID NO: **04324190**

5.) STOCK INFORMATION

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

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2265 KRAFT DRIVE

CITY/ST/ZIP: BLACKSBURG, VA 24060

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:	BETH O'CONNOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR		
ADDRESS:	2265 KRAFT DR		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		
NAME:	PEGGY WHITEHEAD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4038 THOMAS NELSON HIGHWAY		
CITY/ST/ZIP/CO:	ARRINGTON, VA 22922		
NAME:	DEBRA JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 9081		
CITY/ST/ZIP/CO:	VIRGINIA STATE UNIVERSI, VA 23806-0001		
NAME:	ANN PETON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VCOM 2265 KRAFT DR		
CITY/ST/ZIP/CO:	BLACKBURG, VA 24060		
NAME:	Jason Smith	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO Box 842527		
CITY/ST/ZIP/CO:	Richmond, VA 23254		
NAME:	James Carter	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Box 300		
CITY/ST/ZIP/CO:	Irvington, VA 22480		

NAME: N. Travis Clark TITLE: DIRECTOR ADDRESS: 200 Memorial Drive CITY/ST/ZIP/CO: Luray, VA 22835	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Andrea C. Lomboy TITLE: DIRECTOR ADDRESS: Box 800394 CITY/ST/ZIP/CO: Charlottesville, VA 22908	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David Nutter TITLE: DIRECTOR ADDRESS: Office of Economic Development CITY/ST/ZIP/CO: Virginia Tech Blacksburg, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ronald E. Tatum TITLE: DIRECTOR ADDRESS: 1314 Valley Road CITY/ST/ZIP/CO: South Hill, VA 23970	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kathy H. Wibberly TITLE: DIRECTOR ADDRESS: PO Box 800711 CITY/ST/ZIP/CO: Charlottesville, VA 22908	<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/ BETH O'CONNOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BETH O'CONNOR, EXEC DIR PRINTED NAME AND CORPORATE TITLE	6/27/2013 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.		