

1.) CORPORATION NAME:

Virginia Rural Health Resource Center

DUE DATE: **8/31/2014**

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:	JAMES CARTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	BOX 300		
CITY/ST/ZIP/CO:	IRVINGTON, VA 22480		
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:	N. TRAVIS CLARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	200 MEMORIAL DRIVE		
CITY/ST/ZIP/CO:	LURAY, VA 22835		
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:	ANDREA C. LOMBOY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 800394		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22908		
NAME:	DAVID NUTTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	OFFICE OF ECONOMIC DEVELOPMENT		
CITY/ST/ZIP/CO:	VIRGINIA TECH BLACKSBURG, VA 24060		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN PETON DIRECTOR VCOM 2265 KRAFT DR BLACKBURG, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY H. WIBBERLY SECRETARY PO BOX 800711 CHARLOTTESVILLE, VA 22908	<input checked="" 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/ BETH O'CONNOR	BETH O'CONNOR, EXEC DIR	6/20/2014
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.