

1.) CORPORATION NAME:

**Animal Care Services, Inc.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM M WATSON JR  
ROANOKE VALLEY SPCA  
1340 BALDWIN AVE NE**

SCC ID NO: **05261094**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**ROANOKE, VA 24012**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1340 BALDWIN AVE NE

CITY/ST/ZIP: ROANOKE, VA 24012

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:	BARBARA DALHOUSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	460 TRANQUILITY ROAD		
CITY/ST/ZIP/CO:	MONETA, VA 24121		

NAME:	David Caudill	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2125 Yellow Mountain Road		
CITY/ST/ZIP/CO:	UNIT 312 ROANOKE, VA 24014		

NAME:	WILLIAM WATSON, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3054 BENT RIDGE LANE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	Daphne Turner	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2715 Stephenson Avenue, SW		
CITY/ST/ZIP/CO:	Roanoke, VA 24014		

NAME:	Andrea Trent	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	City of Roanoke		
CITY/ST/ZIP/CO:	215 Church Avenue Roanoke , VA 24011		

NAME:	Lieutenant Mark W Lovern	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Roanoke Police Department		
CITY/ST/ZIP/CO:	348 Campbell Avenue SW Roanoke , VA 24016		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Anthony G. Zerilla DIRECTOR Botetourt County 6 West Main Street #6 Fincastle , VA 24090	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brent Robertson CHAIRMAN County of Roanoke 5204 Bernard Drive Roanoke, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barry Thompson DIRECTOR Town of Vinton 311 South Pollard Street Vinton , VA 24179	<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/ WILLIAM WATSON, JR	WILLIAM WATSON, JR, DIRECTOR	7/26/2012	
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.			