

1.) CORPORATION NAME:

Animal Care Services, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C. DENISE HAYES
ROANOKE VALLEY SPCA
1340 BALDWIN AVENUE NE**

SCC ID NO: **05261094**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ROANOKE, VA

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:	BRENT ROBERTSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	COUNTY OF ROANOKE 5204 BERNARD DRIVE ROANOKE, VA 24018		
CITY/ST/ZIP/CO:			
NAME:	ANDREA TRENT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	CITY OF ROANOKE 215 CHURCH AVENUE ROANOKE, VA 24011		
CITY/ST/ZIP/CO:			
NAME:	DAVID CAUDILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2125 YELLOW MOUNTAIN ROAD UNIT 312 ROANOKE, VA 24014		
CITY/ST/ZIP/CO:			
NAME:	BARBARA DALHOUSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	460 TRANQUILITY ROAD MONETA, VA 24121		
CITY/ST/ZIP/CO:			
NAME:	LIEUTENANT MARK W LOVERN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ROANOKE POLICE DEPARTMENT 348 CAMPBELL AVENUE SW ROANOKE, VA 24016		
CITY/ST/ZIP/CO:			

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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAPHNE TURNER DIRECTOR 2715 STEPHENSON AVENUE, SW ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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:	Catherine Denise Hayes DIRECTOR Roanoke Valley SPCA 1340 Baldwin Avenue ROANOKE, VA 24012	<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/ Catherine Denise Hayes SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Catherine Denise Hayes , PRINTED NAME AND CORPORATE TITLE	8/1/2013 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.			