

1.) CORPORATION NAME:

ALTAVISTA VOCATIONAL ADVISORY COUNCIL, INC.

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
AUBREY J ROSSER JR
812 MAIN ST
ALTAVISTA, VA 24517**

SCC ID NO: **05652052**

5.) STOCK INFORMATION

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

CAMPBELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 812 MAIN STREET

CITY/ST/ZIP: ALTAVISTA, VA 24517-

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: PHILLIP POPEK
TITLE: VICE PRESIDENT
ADDRESS: 606 7TH STREET
CITY/ST/ZIP/CO: ALTAVISTA, VA 24517-

OFFICER

DIRECTOR

NAME: EVELYN VADEN
TITLE: S/T
ADDRESS: 523 OLD POCKET ROAD
CITY/ST/ZIP/CO: LYNCH STATION, VA 24571-

OFFICER

DIRECTOR

NAME: DONNIE WILKERSON
TITLE: DIRECTOR
ADDRESS: 194 DENNIS RIDDLE DRIVE
CITY/ST/ZIP/CO: RUSTBURG, VA 24588-

OFFICER

DIRECTOR

NAME: PAM ADAMS
TITLE: PRESIDENT
ADDRESS: NORTHGATE ROAD
CITY/ST/ZIP/CO: LYNCH STATION, VA 24571-

OFFICER

DIRECTOR

NAME: TY GAFFORD
TITLE: DIRECTOR
ADDRESS: 904 BEDFORD AVENUE
CITY/ST/ZIP/CO: ALTAVISTA, VA 24517-

OFFICER

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.

<u>/s/ EVELYN VADEN</u>	<u>EVELYN VADEN, S/T</u>	<u>1/30/2012</u>
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.