

1.) CORPORATION NAME:

Virginia Utility Protection Service, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD D GARY
HUNTON & WILLIAMS
951 EAST BYRD ST**

SCC ID NO: **05941240**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1829 BLUE HILLS CIRCLE 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:	RICK PEVARSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	1829 BLUE HILLS CIRCLE NE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24012-8661		
NAME:	JAMES A ALLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	1829 BLUE HILLS CIRCLE NE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24012-8661		
NAME:	Adrian Chapman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	6801 Industrial Road		
CITY/ST/ZIP/CO:	Springfield, VA 22015		
NAME:	Eric Martin	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	PO Box 15225 - Civic Center		
CITY/ST/ZIP/CO:	Chesapeake, VA 23328		
NAME:	Brent Jones	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25 Independence Blvd, Suite 103		
CITY/ST/ZIP/CO:	Warren, NJ 07059		
NAME:	Joe Kucera	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7805 Progress Court		
CITY/ST/ZIP/CO:	Gainesville, VA 20155		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jennifer Cormier DIRECTOR 701 E. Cary Street Richmond, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Shannon DIRECTOR 345 Greenbrier Drive Charlottesville, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ray Lamura DIRECTOR 1001 E. Broad Street, Suite 210 Richmond, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott O'Connell DIRECTOR 2150 Carter Gallier Blvd Powhatan, VA 23139	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gary Robertson DIRECTOR 601 South Jefferson Street Roanoke, VA 24011	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sheila Ketterer DIRECTOR 13100 Columbia Pike A3C Silver Spring, MD 20904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John D'Orazio DIRECTOR PO Box 13007 Roanoke, VA 24030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mike Huwar DIRECTOR 1809 Coyote Drive Chester, VA 23836	<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/ JAMES A ALLEN	JAMES A ALLEN, S/T	3/14/2014
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.