

1.) CORPORATION NAME:

**Paws & Claws SPCA of Halifax County**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LORI MYERS ASHWELL  
1730 IRISHDALE CT.  
SOUTH BOSTON, VA**

SCC ID NO: **06563696**

5.) STOCK INFORMATION

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

**HALIFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 578

CITY/ST/ZIP: HALIFAX, VA 24558

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: Rosemary Ramsey TITLE: VICE PRESIDENT ADDRESS: 1020 Alton Post Office Rd. CITY/ST/ZIP/CO: Alton, VA 24520	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Rocco Reynolds TITLE: DIRECTOR ADDRESS: 1021 Ball Park Loop CITY/ST/ZIP/CO: Halifax, VA 24558	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Penny Lloyd TITLE: PRESIDENT ADDRESS: 1245 Bellevue Rd. CITY/ST/ZIP/CO: Halifax, VA 24558	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Lori Ashwell TITLE: TREASURER ADDRESS: 1730 Irishdale Ct. CITY/ST/ZIP/CO: South Boston, VA 24592	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Laura Midkiff TITLE: SECRETARY ADDRESS: 2053 Old Cedar Tr. CITY/ST/ZIP/CO: Nathalie, VA 24577	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Sarah Shelton TITLE: DIRECTOR ADDRESS: 1054 Shady Ln. CITY/ST/ZIP/CO: South Boston, VA 24592	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Vicky Allen TITLE: DIRECTOR ADDRESS: 9170 James D. Hagood Hwy. CITY/ST/ZIP/CO: Scottsburg, , VA 24589	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mary Thompson TITLE: DIRECTOR ADDRESS: 1100 Cluster Springs Rd. CITY/ST/ZIP/CO: South Boston, VA 24592	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Betsye Throckmorton TITLE: DIRECTOR ADDRESS: 2080 Easley Crossing Trl. CITY/ST/ZIP/CO: Scottsburg,, VA 24589	<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/ Lori Ashwell	Lori Ashwell, TREASURER	3/20/2014
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.		