

1.) CORPORATION NAME:

**Virginia Tech Carilion School of Medicine, Inc.**

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
BENTON BURROUGHS JR  
3110 FAIRVIEW PARK DR  
STE 1400**

SCC ID NO: **06949028**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**FALLS CHURCH, VA 22042**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 RIVERSIDE CIR  
STE 102

CITY/ST/ZIP: ROANOKE, VA 24016-

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: CYNDA A JOHNSON  
TITLE: PRESIDENT  
ADDRESS: PO BOX 13727  
CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727

OFFICER  DIRECTOR

NAME: FLORENCE T WORKMAN  
TITLE: S/T  
ADDRESS: PO BOX 13727  
CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727

OFFICER  DIRECTOR

NAME: MARK MCNAMEE  
TITLE: DIRECTOR  
ADDRESS: PO BOX 13727  
CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727

OFFICER  DIRECTOR

NAME: GERHARDT SCHURIG  
TITLE: DIRECTOR  
ADDRESS: PO BOX 13727  
CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727

OFFICER  DIRECTOR

NAME: CHARLES STEGER  
TITLE: DIRECTOR  
ADDRESS: PO BOX 13727  
CITY/ST/ZIP/CO: ROANOKE, VA 24036-3727

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/ CYNDA A JOHNSON</u>	<u>CYNDA A JOHNSON, PRESIDENT</u>	<u>5/31/2011</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.