

1.) CORPORATION NAME:

South County Lacrosse Club, Inc.

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NEIL V BIRKHOFF
10 SOUTH JEFFERSON ST STE 1400
ROANOKE, VA**

SCC ID NO: **06999478**

5.) STOCK INFORMATION

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

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4532 VEST DRIVE

CITY/ST/ZIP: ROANOKE, VA 24018

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: TIMOTHY J ROWE SR TITLE: PRESIDENT ADDRESS: 4532 VEST DRIVE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRUCE HEDRICK TITLE: VICE PRESIDENT ADDRESS: 6339 HAMPSHIRE DRIVE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MAUREEN C ROWE TITLE: TREASURER ADDRESS: 4532 VEST DRIVE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANET HALE TITLE: SECRETARY ADDRESS: 4014 BELLE MEADE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK DIXON TITLE: DIRECTOR ADDRESS: 6600 PEACHTREE CIRCLE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN LICHTENSTIEN TITLE: DIRECTOR ADDRESS: 5832 SALISBURY DRIVE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BRETT ROACH TITLE: DIRECTOR ADDRESS: 6314 HAMPSHIRE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MELANIE SLAUGHTER TITLE: DIRECTOR ADDRESS: 3703 WILLETA DRIVE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLENE VAIL TITLE: DIRECTOR ADDRESS: 5850 WINNBROOK DRIVE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<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/ TIMOTHY J ROWE SR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY J ROWE SR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/29/2014 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.		