

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213505695

1.) CORPORATION NAME:

Treasurers' Association of Virginia, Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

KEVIN R APPEL

5600 7TH ST S

ARLINGTON, VA 22204-1238

SCC ID NO: **07193170**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1451

CITY/ST/ZIP: ROANOKE, VA 24007-1451

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.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	BARBARA O CARRAWAY				
TITLE:	IMMD PAST PRES				
ADDRESS:	PO BOX 16495				
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23328-6495				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	W ANN DAVIS				
TITLE:	PAST PRESIDENT				
ADDRESS:	PO BOX 8701				
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23187-8701				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	CATHY ANN KAYE				
TITLE:	SECRETARY				
ADDRESS:	300 PARK AVE STE 103E				
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046-3301				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MARTY G EUBANK				
TITLE:	PRESIDENT ELECT				
ADDRESS:	2400 WASHINGTON AVE				
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23607				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	KEVIN HUTCHINS				
TITLE:	PRESIDENT				
ADDRESS:	PO BOX 21009				
CITY/ST/ZIP/CO:	ROANOKE, VA 24018-0533				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DELORES SMITH				
TITLE:	1ST VP				
ADDRESS:	PO BOX 1308				
CITY/ST/ZIP/CO:	WISE, VA 24293-1308				

NAME:	L TODD GARBER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	2ND VICE PRES		
ADDRESS:	PO BOX 471		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22803-0471		
NAME:	EVELYN W POWERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 1451		
CITY/ST/ZIP/CO:	ROANOKE, VA 24007-1451		
NAME:	DAVID BRITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 250		
CITY/ST/ZIP/CO:	COURTLAND, VA 23837-0250		
NAME:	JEFF SHAFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1007		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801-1007		
NAME:	RICHARD CORDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 70		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23832-0906		
NAME:	WALTER S CROCKETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	225 S 4TH ST		
CITY/ST/ZIP/CO:	WYTHEVILLE, VA 24382-2547		
NAME:	PHYLLIS YANCEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 469		
CITY/ST/ZIP/CO:	ORANGE, VA 22960-0276		
NAME:	BECKY JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	122 E MAIN STREET STE 101		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523-2000		
NAME:	LEROY O PFEIFFER JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 28		
CITY/ST/ZIP/CO:	CUMBERLAND, VA 23040-0028		
NAME:	HARRY L WHITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 156		
CITY/ST/ZIP/CO:	KING WILLIAM, VA 23086-0156		
NAME:	SCOTT MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 200		
CITY/ST/ZIP/CO:	HANOVER, VA 23069-0200		

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 W POWERS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>EVELYN W POWERS, TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>2/1/2013</u> DATE
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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.