

1.) CORPORATION NAME:

ENCOUNTER GENERATION, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEWART DAVID GILLIAM
815 EAST COYNER AVE
MARION, VA 24354**

SCC ID NO: **07331986**

5.) STOCK INFORMATION

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

SMYTH COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 815 EAST COYNER AVE

CITY/ST/ZIP: MARION, VA 24354

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:	GEORGE D GILLIAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	815 EAST COYNER AVE		
CITY/ST/ZIP/CO:	MARION, VA 24354		

NAME:	ALAN A GRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	273 BOXWOOD LANE		
CITY/ST/ZIP/CO:	MARION, VA 24354		

NAME:	WALTER C HENLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4163 HOLBERT AVENUE		
CITY/ST/ZIP/CO:	DRAPER, VA 24324		

NAME:	JOHN K PATTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2151 OLD LAKE RD		
CITY/ST/ZIP/CO:	MARION, VA 24354		

NAME:	MICHEAL W SPRAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	351 TROUTFARM		
CITY/ST/ZIP/CO:	RURAL RETREAT, VA 24368		

NAME:	STEWART D GILLIAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	815 EAST COYNER AVENUE		
CITY/ST/ZIP/CO:	MARION, VA 24354		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN C CREGGER TREASURER 115 MAGNOLIA STREET MARION, VA 24354	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SAYERS DIRECTOR 1410 PRATER LANE MARION, VA 24354	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL A HOLCOMBE, JR SECRETARY 863 SLAB TOWN ROAD SUGAR GROVE, VA 24375	<input checked="" 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/ STEWART D GILLIAM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEWART D GILLIAM, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/21/2013 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.			