

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214503738

1.) CORPORATION NAME:

ENCOUNTER GENERATION, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **07331986**

5.) STOCK INFORMATION

CLASS AUTHORIZED

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.

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

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

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BRIAN C CREGGER				
TITLE:	TREASURER				
ADDRESS:	115 MAGNOLIA STREET				
CITY/ST/ZIP/CO:	MARION, VA 24354				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	PAUL A HOLCOMBE, JR				
TITLE:	SECRETARY				
ADDRESS:	863 SLAB TOWN ROAD				
CITY/ST/ZIP/CO:	SUGAR GROVE, VA 24375				

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

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

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:	MATTHEW J. CHAPMAN DIRECTOR 36502 PLUM CREEK RD. GLADE SPRING, VA 24340-5814	<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/ STEWART D GILLIAM	STEWART D GILLIAM, PRESIDENT	1/14/2014
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.