

1.) CORPORATION NAME:

**American Subcontractors Association of the Shenandoah Valley, Inc.**

DUE DATE: **3/31/2014**

SCC ID NO: **07345978**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MATTHEW SMITH  
YOUNT, HYDE & BARBOUR, P.C.  
PO BOX 2560**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**WINCCHESTER, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**WINCHESTER CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 2560

CITY/ST/ZIP: WINCHESTER, VA 22604

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:	BERTON AUSTIN	
TITLE:	PRESIDENT	
ADDRESS:	RIDDLEBERGER BROTHERS	
CITY/ST/ZIP/CO:	6127 S. VALLEY PIKE MT CRAWFORD, VA 22841	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK SHICKEL	
TITLE:	VICE PRESIDENT	
ADDRESS:	SHICKEL CORPORATION	
CITY/ST/ZIP/CO:	115 DRY RIVER ROAD BRIDGEWATER, VA 22812	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MATTHEW SMITH	
TITLE:	TREASURER	
ADDRESS:	YOUNT, HYDE & BARBOUR, P.C. PO BOX 2560	
CITY/ST/ZIP/CO:	WINCHCESTER, VA 22604	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANIEL BLOSSER	
TITLE:	DIRECTOR	
ADDRESS:	RIDDLEBERGER BROTHERS, INC.	
CITY/ST/ZIP/CO:	6127 S VALLEY PIKE MT. CRAWFORD, VA 22841	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DENNY EDWARDS	
TITLE:	DIRECTOR	
ADDRESS:	GLASS & METALS	
CITY/ST/ZIP/CO:	3220 S. MAIN STREET HARRISONBURG, VA 22801	

NAME: TRENT FADELEY TITLE: DIRECTOR ADDRESS: CONTRACTING UNLIMITED 1910 ERICKSON AVE. CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRIS PURDHAM TITLE: DIRECTOR ADDRESS: SULLIVAN MECHANICAL, INC. 740 4TH STREET CITY/ST/ZIP/CO: SHENANDOAH, VA 22849	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Cory Redifer TITLE: DIRECTOR ADDRESS: 15386 Old Spotswood Trail CITY/ST/ZIP/CO: Elkton, VA 22827	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Robert Seward TITLE: DIRECTOR ADDRESS: 1123 East Market Street CITY/ST/ZIP/CO: Charlottesville, VA 22801	<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/ MATTHEW SMITH	MATTHEW SMITH, TREASURER	2/9/2014
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.		