

1.) CORPORATION NAME:

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

**Appalachian Community Capital Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07628936**

**DOUGLAS W DENSMORE  
317 WASHINGTON AVENUE, S.W.  
ROANOKE, VA**

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: 930 Cambria Street

CITY/ST/ZIP: Christiansburg, VA 24073

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: Lori Glass TITLE: PRESIDENT ADDRESS: 930 Cambria Street CITY/ST/ZIP/CO: Christiansburg, VA 24073	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Clinton Gwin TITLE: TREASURER ADDRESS: 930 Cambria Street CITY/ST/ZIP/CO: Christiansburg, VA 24073	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Clyde Cornett TITLE: SECRETARY ADDRESS: 930 Cambria Street CITY/ST/ZIP/CO: Christiansburg, VA 24073	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ray Moncrief TITLE: CHAIRMAN ADDRESS: 930 Cambria Street CITY/ST/ZIP/CO: Christiansburg, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ray Christman TITLE: DIRECTOR ADDRESS: 930 Cambria Street CITY/ST/ZIP/CO: Christiansburg, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Grace Fricks TITLE: DIRECTOR ADDRESS: 930 Cambria Street CITY/ST/ZIP/CO: Christiansburg, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Tristam Coffin TITLE: DIRECTOR ADDRESS: 930 Cambria Street CITY/ST/ZIP/CO: Christiansburg, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marten Jenkins TITLE: DIRECTOR ADDRESS: 930 Cambria Street CITY/ST/ZIP/CO: Christiansburg, VA 24073	<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/ Lori Glass SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Lori Glass, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/21/2014 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.		