

1.) CORPORATION NAME:

APPALACHIA SERVICE PROJECT, INC.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GEORGE CRIDLIN
33744 MAIN ST
PO BOX 703**

SCC ID NO: **F0486185**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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JONESVILLE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LEE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4523 BRISTOL HWY

CITY/ST/ZIP: JOHNSON CITY, TN 37601

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:	WALTER CROUCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4523 BRISTOL HWY		
CITY/ST/ZIP/CO:	JOHNSON CITY, TN 37601		

NAME:	JOHN MAYNARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SEC OF THE BD		
ADDRESS:	9799 BERRY MEADOW WAY		
CITY/ST/ZIP/CO:	SODDY DAISY, TN 37379		

NAME:	GREG DEGENNARO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	4523 BRISTOL HIGHWAY		
CITY/ST/ZIP/CO:	JOHNSON CITY, TN 37601		

NAME:	CHARLES ELLIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	117 QUARTER HORSE LANE		
CITY/ST/ZIP/CO:	FAIRFIELD, CT 06824		

NAME:	BRIAN ERICKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	201 KENTWOOD DR		
CITY/ST/ZIP/CO:	ALABASTER, AL 35007		

NAME:	JOHN PEARCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 FORTH AVENUE N		
CITY/ST/ZIP/CO:	STE 1400 NASHVILLE, TN 37219		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONICA BURKET-BRIST DIRECTOR 4210 WANETHAL TRAILL MADISON, WI 53711	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEG ROBERTSON DIRECTOR 7239 SEDGEBROOK DR W STANLEY, NC 28164	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT RENTZ DIRECTOR 699 BOOTH HILL RD TRUMBULL, CT 06611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN M SOWERS DIRECTOR 1212 ASHGROVE PLACE KNOXVILLE, TN 37919	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN MOORE DIRECTOR 107 GREYFRIARS LANE CARY, NC 27518	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE M TUMMINELLO DIRECTOR 99 W. 73RD ST INDIANAPOLIS, IN 46260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN CRANDALL DIRECTOR 7 CROMWELL DRIVE MENDHAM, NJ 07495	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EMILY MILLER DIRECTOR 475 RIVERSIDE DR. #1501 NEW YORK, NY 10115	<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/ GREG DEGENNARO	GREG DEGENNARO, CFO	6/25/2014	
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.			