

1.) CORPORATION NAME:

**DILLARD-LEWIS, INC.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARK N REED  
16 SOUTH COURT ST  
PO BOX 766**

SCC ID NO: **F1195983**

**LURAY, VA 22835**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	100,000
COMB	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**PAGE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4209 WILLOW OAK ROAD  
PO BOX 40686

CITY/ST/ZIP: RALEIGH, NC 27629

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:	STEVEN W SHELTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4216 PIN OAK RD		
CITY/ST/ZIP/CO:	RALEIGH, NC 27604		

NAME:	KATHRYN CLUFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	POB 40686		
CITY/ST/ZIP/CO:	RALEIGH, NC 27629		

NAME:	KATHRYN GODWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5124 AMBERFIELD WAY		
CITY/ST/ZIP/CO:	RALEIGH, NC 27604		

NAME:	WILBERT JACKSON, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5712 FARRAGON HILL LN		
CITY/ST/ZIP/CO:	WENDELL, NC 27591		

NAME:	JUDY DILLARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	7837 STONEY HILL RD		
CITY/ST/ZIP/CO:	WAKE FOREST, NC 27587		

NAME:	STEVEN KENT SHELTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4209 WILLOW OAK RD		
CITY/ST/ZIP/CO:	RALEIGH, NC 27604		

NAME: KATHRYN ALICE STRICKLAND TITLE: ASST SECRETARY ADDRESS: 4209 WILLOW OAK RD CITY/ST/ZIP/CO: RALEIGH, NC 27604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: HEATHER STEWART TITLE: ASST SECRETARY ADDRESS: 4209 WILLOW OAK RD CITY/ST/ZIP/CO: RALEIGH, NC 27604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: VALERIE DENNING TITLE: C.F.O. ADDRESS: P O BOX 70 CITY/ST/ZIP/CO: NEWTON GROVE, NC 28366	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ VALERIE DENNING	VALERIE DENNING, C.F.O.	6/20/2012
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.