

1.) CORPORATION NAME:

DILLARD-LEWIS, INC.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1195983**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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LURAY, VA

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:	STEVEN HESTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1914 MCGREGOR ST		
CITY/ST/ZIP/CO:	RAEFORD, NC 28376		

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:	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:	VALERIE DENNING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	C.F.O.		
ADDRESS:	P O BOX 70		
CITY/ST/ZIP/CO:	NEWTON GROVE, NC 28366		

NAME: STEVEN KENT SHELTON TITLE: SECRETARY ADDRESS: 4209 WILLOW OAK RD CITY/ST/ZIP/CO: RALEIGH, NC 27604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
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
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VALERIE DENNING, C.F.O. PRINTED NAME AND CORPORATE TITLE	6/23/2013 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.		