

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213560754

1.) CORPORATION NAME:

VAPCM, INC. (USED IN VA. BY: PCM, INC.)

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SUSAN SUTTON
PCM INC (VAPCM INC)
107 OGDEN RD / PO BOX 719

ALTAVISTA, VA 24517**

SCC ID NO: **F1295759**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CAMPBELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 107 OGDEN RD POB 719

CITY/ST/ZIP: ALTAVISTA, VA 24517

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: | K MARK YOUNKIN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | P O BOX 719 | | |
| CITY/ST/ZIP/CO: | ALTAVISTA, VA 24517 | | |

| | | | |
|-----------------|---------------------|---|-----------------------------------|
| NAME: | SUSAN SUTTON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | POB 719 | | |
| CITY/ST/ZIP/CO: | ALTAVISTA, VA 24517 | | |

| | | | |
|-----------------|--------------------|----------------------------------|--|
| NAME: | DONALD CONLEY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | PO BOX 1150 | | |
| CITY/ST/ZIP/CO: | FAIRMONT, WV 26555 | | |

| | | | |
|-----------------|--------------------|----------------------------------|--|
| NAME: | WILLIAM FULTON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 6861 APPLEBY DRIVE | | |
| CITY/ST/ZIP/CO: | NAPLES, FL 33942 | | |

| | | | |
|-----------------|------------------------|----------------------------------|--|
| NAME: | RONALD RADCLIFF | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P O BOX 1030 | | |
| CITY/ST/ZIP/CO: | BARRACKVILLE, WV 26559 | | |

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/ K MARK YOUNKIN | K MARK YOUNKIN, PRESIDENT | 3/11/2013 |
| 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.