

1.) CORPORATION NAME:

**UniSouth Genetics, Inc.**

DUE DATE: **12/31/2011**

SCC ID NO: **F1322686**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**STANLEY HULA JR**

**17301 SANDY POINT RD**

**CHARLES CITY, VA 23030**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHARLES CITY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3205-C HWY 46 SOUTH

CITY/ST/ZIP: DICKSON, TN 37055-

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: DAVID MCKINNEY  
TITLE: P/T  
ADDRESS: 2640 C NOLENSVILLE RD  
CITY/ST/ZIP/CO: NASHVILLE, TN 37211-

OFFICER

DIRECTOR

NAME: STACY BURWICK  
TITLE: SECRETARY  
ADDRESS: 2640 C NOLENSVILLE ROAD  
CITY/ST/ZIP/CO: NASHVILLE, TN 37211-

OFFICER

DIRECTOR

NAME: RICHARD ARNETT  
TITLE: DIRECTOR  
ADDRESS: 3211 LEMONE INDUSTRIAL BLVD  
CITY/ST/ZIP/CO: COLUMBIA, MO 65201-

OFFICER

DIRECTOR

NAME: BOB UNIATOWSKI  
TITLE: DIRECTOR  
ADDRESS: TOWNSEND HALL  
CITY/ST/ZIP/CO: 531 S COLLEGE AVE  
NEWARK, DE 19711-

OFFICER

DIRECTOR

NAME: RANDY VAUGHAN  
TITLE: DIRECTOR  
ADDRESS: BOX 9811  
CITY/ST/ZIP/CO: MS STATE UNIVERSITY  
MS STATE, MS 39762-

OFFICER

DIRECTOR

|  |   |                                  |  |
|--|---|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | TREY HURT<br>DIRECTOR<br>P.O. BOX 276<br>HALLS, TN 38040- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|----------------------------------|--|

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DAVID HULA<br>DIRECTOR<br>17301 SANDY POINT<br>CHARLES CITY, VA 23030- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|--|----------------------------------|--|

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | KEVIN ANDERSON<br>DIRECTOR<br>P.O. BOX 187<br>PRINCESS ANNE, MD 21853- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|--|----------------------------------|--|

|  |   |                                  |  |
|--|---|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JIM LONG<br>DIRECTOR<br>3078 STATE ROUTE 123E<br>CLINTON, KY 42031- | <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/ DAVID MCKINNEY                                  | DAVID MCKINNEY, P/T              | 12/20/2011 |
| 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.