

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212548402

1.) CORPORATION NAME:

UniSouth Genetics, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STANLEY HULA JR
17301 SANDY POINT RD
CHARLES CITY, VA 23030**

SCC ID NO: **F1322686**

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:	STACY BURWICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3205C HWY 46 S		
CITY/ST/ZIP/CO:	Dickson, TN 37055		

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

NAME:	RICHARD ARNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3211 LEMONE INDUSTRIAL BLVD		
CITY/ST/ZIP/CO:	COLUMBIA, MO 65201		

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

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

NAME:	JIM LONG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3078 STATE ROUTE 123E		
CITY/ST/ZIP/CO:	CLINTON, KY 42031		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB UNIATOWSKI DIRECTOR TOWNSEND HALL 531 S COLLEGE AVE NEWARK, DE 19711	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY VAUGHAN DIRECTOR BOX 9811 MS STATE UNIVERSITY MS STATE, MS 39762	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher Ray DIRECTOR Clemson University 1162 Cherry Road Clemson, SC 29634-9952	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A.O. Roberts DIRECTOR Eure Seed Farms 1565 New Hope Rd. Hertford, NC 27944	<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/ STACY BURWICK	STACY BURWICK, PRESIDENT	12/17/2012	
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.			