

1.) CORPORATION NAME:

**HOLSTON UNITED METHODIST HOME FOR CHILDREN,  
INC.**

DUE DATE: **2/29/2012**

SCC ID NO: **F1326778**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
BYRUM L GEISLER  
208 E MAIN ST  
PO BOX 2288**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

**ABINGDON, VA 24212-2288**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**WASHINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 188

CITY/ST/ZIP: GREENEVILLE, TN 37744-0188

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:           | MRS. MARY MARGARET DENTON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CHAIRMAN                  |   |  |
| ADDRESS:        | 204 ST. CHARLES PLACE     |   |  |
| CITY/ST/ZIP/CO: | KINGSPORT, TN 37660-      |   |  |

|                 |                        |                                  |  |
|-----------------|------------------------|----------------------------------|--|
| NAME:           | REV. GREGG BOSTICK     | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR               |                                  |  |
| ADDRESS:        | 132 LANE ROAD          |                                  |  |
| CITY/ST/ZIP/CO: | LENOIR CITY, TN 37772- |                                  |  |

|                 |                              |   |  |
|-----------------|------------------------------|---|--|
| NAME:           | MR. BRADLEY BOWER            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE CHAIRMAN                |   |  |
| ADDRESS:        | 9721 COGDILL ROAD, SUITE 101 |   |  |
| CITY/ST/ZIP/CO: | KNOXVILLE, TN 37932-         |   |  |

|                 |                      |                                  |  |
|-----------------|----------------------|----------------------------------|--|
| NAME:           | MR. STEPHEN BRUMIT   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR             |                                  |  |
| ADDRESS:        | 246 E. CENTER ST.    |                                  |  |
| CITY/ST/ZIP/CO: | KINGSPORT, TN 37660- |                                  |  |

|                 |                         |   |  |
|-----------------|-------------------------|---|--|
| NAME:           | MRS. NANCY CASSON       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY               |   |  |
| ADDRESS:        | 231 CASSON-LIPPARD ROAD |   |  |
| CITY/ST/ZIP/CO: | GEORGETOWN, TN 37336-   |   |  |

|  |   |   |  |
|--|---|---|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. MITCH COX<br>DIRECTOR<br>P.O. BOX 3891<br>JOHNSON CITY, TN 37602-             | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. RICK CURRIE<br>DIRECTOR<br>P.O. BOX 88<br>KINGSPORT, TN 37662-                | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | REV. NICOLE KREWSON<br>DIRECTOR<br>P.O. BOX 1<br>ATHENS, TN 37371-                | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MRS. IVY LEONARD<br>DIRECTOR<br>130 WILDWOOD COURT<br>GREENEVILLE, TN 37745-      | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. JOHN MCGUFFIN<br>DIRECTOR<br>91 FAIRWAY DRIVE<br>GREENEVILLE, TN 37743-       | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MRS. JEWELL MCKINNEY<br>DIRECTOR<br>304 E. CENTER ST.<br>KINGSPORT, TN 37660-     | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. JEFFREY MONSON<br>TREASURER<br>849 AMY LEA<br>SEVIERVILLE, TN 37862-          | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MRS. DEBRA OLDENBERG<br>DIRECTOR<br>180 SUMMERHILL LANE<br>GREENEVILLE, TN 37745- | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. COLE PIPER<br>DIRECTOR<br>2400 E. GALLAHER FERRY RD.<br>KNOXVILLE, TN 37932-  | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. JAMES O. SEXTON<br>DIRECTOR<br>442 CULVER ROAD<br>LIMESTONE, TN 37681-        | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MRS. BRENDA STEVENS<br>DIRECTOR<br>139 JERALDSTOWN RD.<br>FALL BRANCH, TN 37656-     | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | BISHOP JAMES E. SWANSON, SR.<br>DIRECTOR<br>P.O. BOX 850<br>ALCOA, TN 37701-         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. RANDALL C. THOMAS<br>DIRECTOR<br>P.O. BOX 6400<br>KINGSPORT, TN 37663-           | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | THE HONORABLE THOMAS J. WRIGHT<br>DIRECTOR<br>P.O. BOX 876<br>GREENEVILLE, TN 37744- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | REV. TOM BALLARD<br>DIRECTOR<br>P.O. BOX 1592<br>MORRISTOWN, TN 37816-               | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. RANDY CAPPS<br>DIRECTOR<br>119 SUMMER HILL LAEN<br>GREENEVILLE, TN 37745-        | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. KENT BEWLEY<br>DIRECTOR<br>615 W. MAIN ST.<br>GREENEVILLE, TN 37743-             | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. RON JONES<br>DIRECTOR<br>5245 W. ALLENS BRIDGE ROAD<br>GREENEVILLE, TN 37743-    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MRS. BARBARA STREET<br>DIRECTOR<br>963 BULLOCK HOLLOW ROAD<br>BRISTOL, TN 37620-     | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MR. ARTHUR S. MASKER<br>PRESIDENT/CEO<br>402 SUNSET BLVD<br>GREENEVILLE, TN 37743-   | <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/ MR. ARTHUR S. MASKER  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

MR. ARTHUR S. MASKER,  
PRESIDENT/CEO  
PRINTED NAME AND CORPORATE  
TITLE

2/3/2012  
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.