

1.) CORPORATION NAME:

THE HIGH PLAINS INDIANS, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
DANTE DESIDERIO
4218 VIRGILINA RD
VIRGILINA, VA 24598**

SCC ID NO: **F1540006**

5.) STOCK INFORMATION

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

HALIFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 227 KERR DRIVE

CITY/ST/ZIP: ROXBORO, NC 27573-

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: DANTE DESIDERIO
TITLE: PRESIDENT
ADDRESS: 2728 HICKORY ST
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305-

OFFICER DIRECTOR

NAME: JULIA M. PHIPPS
TITLE: SECRETARY
ADDRESS: 1186 MARIETTA DRIVE
CITY/ST/ZIP/CO: KERNERSVILLE, NC 27284-

OFFICER DIRECTOR

NAME: CHARLENE Y. MARTIN
TITLE: TREASURER
ADDRESS: MELLON FINANCIAL CORP
301 N. ELM STREET
CITY/ST/ZIP/CO: GREENSBORO, NC 27401-

OFFICER DIRECTOR

NAME: DOROTHY STEWART CROWE
TITLE: CHAIRMAN
ADDRESS: PERSON COUNTY BOARD OF EDUCATION
304 SOUTH MORGAN STREET
CITY/ST/ZIP/CO: ROXBORO, NC 27573-

OFFICER DIRECTOR

NAME: OTIS K. MARTIN
TITLE: DIRECTOR
ADDRESS: 227 KERR DR
CITY/ST/ZIP/CO: ROXBORO, NC 27573-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DELLA FAY MARTIN DIRECTOR 515 HIGH PLAINS ROAD ROXBORO, NC 27574-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARA STEWART DIRECTOR 2705 ARDSLEY DRIVE DURHAM, NC 27704-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM T PAUL DIRECTOR 350 WRENN-CRUMPTON ROXBORO, NC 27574-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHIRLEY M HAZEL DIRECTOR 3606 BURLINGTON ROAD ROXBORO, NC 27574-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CURTIS SHEPHERD DIRECTOR 30 CRYSTAL RIDGE DRIVE TIMBERLAKE, NC 27583-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONDA C HUDDLESTON DIRECTOR 208 FAIRVIEW AVENUE HOPEWELL, VA 23860-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CHARLENE Y. MARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLENE Y. MARTIN, TREASURER PRINTED NAME AND CORPORATE TITLE	2/4/2012 DATE
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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.