

1.) CORPORATION NAME:

THE HIGH PLAINS INDIANS, INC.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2728 HICKORY ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	JULIA M. PHIPPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1186 MARIETTA DRIVE		
CITY/ST/ZIP/CO:	KERNERSVILLE, NC 27284		
NAME:	CHARLENE Y. MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6907 Oak Bend Trail		
CITY/ST/ZIP/CO:	GREENSBORO, NC 27410		
NAME:	DOROTHY STEWART CROWE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	156 Cherokee Lane		
CITY/ST/ZIP/CO:	ROXBORO, NC 27574		
NAME:	SHIRLEY M HAZEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3606 BURLINGTON ROAD		
CITY/ST/ZIP/CO:	ROXBORO, NC 27574		
NAME:	TONDA C HUDDLESTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	208 FAIRVIEW AVENUE		
CITY/ST/ZIP/CO:	HOPEWELL, VA 23860		

NAME: OTIS K. MARTIN TITLE: DIRECTOR ADDRESS: 227 KERR DR CITY/ST/ZIP/CO: ROXBORO, NC 27573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DELLA FAY MARTIN TITLE: DIRECTOR ADDRESS: 515 HIGH PLAINS ROAD CITY/ST/ZIP/CO: ROXBORO, NC 27574	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM T PAUL TITLE: DIRECTOR ADDRESS: 350 WRENN-CRUMPTON CITY/ST/ZIP/CO: ROXBORO, NC 27574	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CURTIS SHEPHERD TITLE: DIRECTOR ADDRESS: 30 CRYSTAL RIDGE DRIVE CITY/ST/ZIP/CO: TIMBERLAKE, NC 27583	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KARA STEWART TITLE: DIRECTOR ADDRESS: 2705 ARDSLEY DRIVE CITY/ST/ZIP/CO: DURHAM, NC 27704	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Patrick Stewart TITLE: DIRECTOR ADDRESS: 7039 Virgilina Road CITY/ST/ZIP/CO: Roxboro, NC 27574	<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/ CHARLENE Y. MARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLENE Y. MARTIN, TREASURER PRINTED NAME AND CORPORATE TITLE	2/19/2013 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.		