

1.) CORPORATION NAME:

McGill Associates, P.A., Inc. (USED IN VA BY:McGill Associates, P.A.)

DUE DATE: **5/31/2015**

SCC ID NO: **F1587908**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORP SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 55 BROAD ST

CITY/ST/ZIP: ASHEVILLE, NC 28801

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: JOEL L STORROW
TITLE: PRESIDENT
ADDRESS: PO BOX 2259
CITY/ST/ZIP/CO: ASHEVILLE, NC 28802

OFFICER

DIRECTOR

NAME: MELVIN K WEBB
TITLE: VICE PRESIDENT
ADDRESS: PO BOX 2259
CITY/ST/ZIP/CO: ASHEVILLE, NC 28802

OFFICER

DIRECTOR

NAME: NANCY WHITMAN
TITLE: SECRETARY
ADDRESS: PO BOX 2259
CITY/ST/ZIP/CO: ASHEVILLE, NC 28802

OFFICER

DIRECTOR

NAME: ANDY LOVINGOOD
TITLE: CHAIRMAN
ADDRESS: 1240 19TH ST
LANE NW
CITY/ST/ZIP/CO: HICKORY, NC 28603

OFFICER

DIRECTOR

NAME: MIKE APKE
TITLE: DIRECTOR
ADDRESS: 5 REGIONAL CIR
STE A
CITY/ST/ZIP/CO: PINEHURST, NC 28374

OFFICER

DIRECTOR

NAME: DANNY BRIDGES
TITLE: DIRECTOR
ADDRESS: 55 BROAD ST
CITY/ST/ZIP/CO: ASHEVILLE, NC 28801

OFFICER

DIRECTOR

NAME: HARRY BUCKNER TITLE: DIRECTOR ADDRESS: 55 BROAD ST CITY/ST/ZIP/CO: ASHEVILLE, NC 28801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MIKE DOWD TITLE: DIRECTOR ADDRESS: PO BOX 2259 CITY/ST/ZIP/CO: ASHEVILLE, NC 28802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DALLAS GORDON TITLE: DIRECTOR ADDRESS: 55 BROAD ST CITY/ST/ZIP/CO: ASHEVILLE, NC 28801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BILL ROARK TITLE: DIRECTOR ADDRESS: 5 REGIONAL CIR STE A CITY/ST/ZIP/CO: PINEHURST, NC 28374	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BEN SIMERL TITLE: DIRECTOR ADDRESS: 2240 SUTHERLAND AVE STE 2 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<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/ NANCY WHITMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NANCY WHITMAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/6/2015 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.		