

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213514420

1.) CORPORATION NAME:

Ten Thousand Villages, Inc. (USED IN VA BY: TenThousand Villages)

DUE DATE: **3/31/2013**

SCC ID NO: **F1659756**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

5.) STOCK INFORMATION

CLASS AUTHORIZED

GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 704 MAIN ST
PO BOX 307

CITY/ST/ZIP: AKRON, PA 17501-0307

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: MARCUS SHANTZ OFFICER DIRECTOR
TITLE: SEC/TREAS
ADDRESS: MERCEES CORP
CITY/ST/ZIP/CO: , , FN

NAME: PAMELA A RAFFENSBERGER OFFICER DIRECTOR
TITLE: CEO & President
ADDRESS: 704 MAIN STREET
CITY/ST/ZIP/CO: AKRON, PA 17501-0307

NAME: LUKE ROUSH OFFICER DIRECTOR
TITLE: VICE CHAIRMAN
ADDRESS: TRANSENERIX INC
CITY/ST/ZIP/CO: 635 DAVIS DRIVE STE 300
MORRISVILLE, NC 27560

NAME: J ALEX HARTZLER OFFICER DIRECTOR
TITLE: CHAIRMAN
ADDRESS: WCI PARTNERS LP
CITY/ST/ZIP/CO: 220 MUENCH ST
HARRISBURG, PA 17102

NAME: KAREN KLASSEN HARDER OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 118 SUNSET DRIVE
CITY/ST/ZIP/CO: BLUFFTON, OH 45817

NAME: TONYA NEFF KLAUSE TITLE: DIRECTOR ADDRESS: 12012 SUNSET HILLS ROAD CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: M JACOB MAKOYO TITLE: DIRECTOR ADDRESS: AXA ADVISORS CITY/ST/ZIP/CO: 40 MONUMENT ROAD BALA CYNWYD, PA 19004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KRISTY SCHULTZ TITLE: DIRECTOR ADDRESS: ALVAREZ & MARSAL NORTH AMERICA, LLC CITY/ST/ZIP/CO: 600 LEXINGTON AVE NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN E YODER TITLE: DIRECTOR ADDRESS: 505 BELMONT AVENUE CITY/ST/ZIP/CO: BRYAN, OH 43506	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GORDON A ZOOK TITLE: DIRECTOR ADDRESS: 83 WYNDMERE WAY CITY/ST/ZIP/CO: WILLOW STREET, PA 17584	<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/ PAMELA A RAFFENSBERGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAMELA A RAFFENSBERGER, CEO & President PRINTED NAME AND CORPORATE TITLE	3/22/2013 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.		