

1.) CORPORATION NAME:

Porvair Filtration Group, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1695297**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10190 MAPLE LEAF CT

CITY/ST/ZIP: ASHLAND, VA 23005

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:	CHRISTOPHER FRANCIS AMEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10190 MAPLE LEAF COURT		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005		
NAME:	NINA M GETCHELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10190 MAPLE LEAF COURT		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005		
NAME:	TREVOR WAGHORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10190 MAPLE LEAF COURT		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005		
NAME:	TIM KRIEGEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	700 SHEPHERD STREET		
CITY/ST/ZIP/CO:	HENDERSONVILLE, NC 28792		
NAME:	BEN STOCKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO CHAIRMAN		
ADDRESS:	700 SHEPHERD STREET		
CITY/ST/ZIP/CO:	HENDERSONVILLE, NC 28792		
NAME:	DAVID AMEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10190 MAPLE LEAF CT		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005		

NAME: TOM LIDDELL TITLE: DIRECTOR ADDRESS: 10190 MAPLE LEAF COURT CITY/ST/ZIP/CO: ASHLAND, VA 23005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID MELLOR TITLE: DIRECTOR ADDRESS: 10190 MAPLE LEAF COURT CITY/ST/ZIP/CO: ASHLAND, VA 23005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS TYLER TITLE: DIRECTOR ADDRESS: 10190 MAPLE LEAF COURT CITY/ST/ZIP/CO: ASHLAND, VA 23005	<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/ NINA M GETCHELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NINA M GETCHELL, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/31/2014 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.		