

1.) CORPORATION NAME:

Veyance Industrial Services, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1735994**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 347 GRATTON ROAD

CITY/ST/ZIP: TAZEWELL, VA 24651

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.

<p>NAME: CHARLES D. SEYMOUR, JR. TITLE: PRES/CEO ADDRESS: 703 S CLEVELAND MASSILLON RD CITY/ST/ZIP/CO: FAIRLAWN, OH 44333-3023</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY BRET HALL TITLE: VICE PRESIDENT ADDRESS: 347 GRATTON RD. CITY/ST/ZIP/CO: TAZEWELL, VA 24651</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: APRIL MILLER BOISE TITLE: SECRETARY ADDRESS: 703 S CLEVELAND MASSILLON RD CITY/ST/ZIP/CO: FAIRLAWN, OH 44333-3023</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Sheila Schiffman TITLE: ASST SECRETARY ADDRESS: 703 S CLEVELAND MASSILLON RD. CITY/ST/ZIP/CO: FAIRLAWN, OH 44333-3023</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BENJAMIN J. SCHLATER TITLE: TREASURER ADDRESS: 703 S CLEVELAND MASSILLON RD CITY/ST/ZIP/CO: FAIRLAWN, OH 44333-3023</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SCOTT H. KING TITLE: CFO ADDRESS: 703 S CLEVELAND MASSILLON RD CITY/ST/ZIP/CO: FAIRLAWN, OH 44333-3023</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MARK A. SCHIE TITLE: CONTROLLER ADDRESS: 703 S CLEVELAND MASSILLON RD. CITY/ST/ZIP/CO: FAIRLAWN, OH 44333-3023	<input checked="" type="checkbox"/> OFFICER <input 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/ Sheila Schiffman SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Sheila Schiffman, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/29/2013 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.