

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214501709

1.) CORPORATION NAME:

Veyance Industrial Services, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: RR#3, Box 36
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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES D. SEYMOUR, JR.		
TITLE:	PRES/CEO		
ADDRESS:	703 S CLEVELAND MASSILLON RD		
CITY/ST/ZIP/CO:	FAIRLAWN, OH 44333		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GARY BRET HALL		
TITLE:	VICE PRESIDENT		
ADDRESS:	RR#3, Box 36		
CITY/ST/ZIP/CO:	347 Gratton Road TAZEWELL, VA 24651		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BENJAMIN J. SCHLATER		
TITLE:	TREASURER		
ADDRESS:	703 S CLEVELAND MASSILLON RD		
CITY/ST/ZIP/CO:	FAIRLAWN, OH 44333		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT H. KING		
TITLE:	CFO		
ADDRESS:	703 S CLEVELAND MASSILLON RD		
CITY/ST/ZIP/CO:	FAIRLAWN, OH 44333		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	APRIL MILLER BOISE		
TITLE:	SECRETARY		
ADDRESS:	703 S CLEVELAND MASSILLON RD		
CITY/ST/ZIP/CO:	FAIRLAWN, OH 44333		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK A. SCHIE		
TITLE:	CONTROLLER		
ADDRESS:	703 S CLEVELAND MASSILLON RD.		
CITY/ST/ZIP/CO:	FAIRLAWN, OH 44333		

NAME: SHEILA SCHIFFMAN OFFICER DIRECTOR
TITLE: ASST SECRETARY
ADDRESS: 703 S CLEVELAND MASSILLON RD.
CITY/ST/ZIP/CO: FAIRLAWN, OH 44333

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.

<u>/s/ SHEILA SCHIFFMAN</u>	<u>SHEILA SCHIFFMAN, ASST</u>	<u>12/23/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.