

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212529892

1.) CORPORATION NAME:

Eastman Credit Union

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OLD DOMINION FILINGS LLC
7400 BEAUFONT SPRINGS DR STE 300
RICHMOND, VA 23225**

SCC ID NO: **F1871518**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2021 MEADOWVIEW LANE

CITY/ST/ZIP: KINGSPOUR, TN 37660

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:	JOSEPH H DAVIS III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	EASTMAN CREDIT UNION 2021 MEADOWVIEW LANE KINGSPOUR, TN 37660		
CITY/ST/ZIP/CO:			
NAME:	B FIELDING ROLSTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	EASTMAN CREDIT UNION 2021 MEADOWVIEW LANE KINGSPOUR, TN 37660		
CITY/ST/ZIP/CO:			
NAME:	JEFF W ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	EASTMAN CREDIT UNION 2021 MEADOWVIEW LANE KINGSPOUR, TN 37660		
CITY/ST/ZIP/CO:			
NAME:	MARY D HALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	EASTMAN CREDIT UNION 2021 MEADOWVIEW LANE KINGSPOUR, TN 37660		
CITY/ST/ZIP/CO:			
NAME:	OLAN O JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	EASTMAN CREDIT UNION 2021 MEADOWVIEW LANE KINGSPOUR, TN 37660		
CITY/ST/ZIP/CO:			

NAME: E WAYNE KIRK TITLE: DIRECTOR ADDRESS: EASTMAN CREDIT UNION 2021 MEADOWVIEW LANE CITY/ST/ZIP/CO: KINGSPOINT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LISA A MCCONNELL TITLE: SECRETARY ADDRESS: EASTMAN CREDIT UNION 2021 MEADOWVIEW LANE CITY/ST/ZIP/CO: KINGSPOINT, TN 37660	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NORRIS P SNEED TITLE: DIRECTOR ADDRESS: EASTMAN CREDIT UNION 2021 MEADOWVIEW LANE CITY/ST/ZIP/CO: KINGSPOINT, TN 37660	<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/ OLAN O JONES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	OLAN O JONES, PRINTED NAME AND CORPORATE TITLE	8/6/2012 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.		