

1.) CORPORATION NAME:

DUE DATE: **9/30/2012**

**Academy of Veterinary Homeopathy**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1872573**

**SIDNEY H STOROZUM  
362 PETERS HOLLOW RD  
MONROE, VA 24574**

5.) STOCK INFORMATION

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

**AMHERST COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OR**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 232282

CITY/ST/ZIP: LEUCADIA, CA 92023-2282

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: Betsy Harrison TITLE: PRESIDENT ADDRESS: 100 PARK ROAD SOUTH CITY/ST/ZIP/CO: WIMBERLEY, TX 78676	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JACQUELINE SEHN OBANDO TITLE: DIRECTOR ADDRESS: 2707 76TH AVE, SE CITY/ST/ZIP/CO: MERCER ISLAND, WA 98040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SIDNEY H STOROZUM TITLE: VP/LEGAL AFFAIR ADDRESS: 362 PETERS HOLLOW ROAD CITY/ST/ZIP/CO: MONROE, VA 24574	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE TARKLESON TITLE: TREASURER ADDRESS: P.O. BOX 195 CITY/ST/ZIP/CO: MATINICUS, ME 04851	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS CROSLEY TITLE: SECRETARY ADDRESS: 66 QUIET COVE WAY CITY/ST/ZIP/CO: BEAUFORT, SC 29907	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ann Swartz TITLE: president-elect ADDRESS: P. O. Box 813 CITY/ST/ZIP/CO: Phoenix, OR 97535	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Lisa Brienen TITLE: DIRECTOR ADDRESS: 2707 76th Ave. SE CITY/ST/ZIP/CO: Mercer Island, WA 98040	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jeff Feinman TITLE: DIRECTOR ADDRESS: 49 White Birch Road CITY/ST/ZIP/CO: Weston, CT 06883	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Larry Bernstein TITLE: DIRECTOR ADDRESS: 751 N.E. 168th Street CITY/ST/ZIP/CO: N. Miami Beach, FL 33162	<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/ SIDNEY H STOROZUM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SIDNEY H STOROZUM, VP/LEGAL AFFAIR PRINTED NAME AND CORPORATE TITLE	8/19/2012 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.		