

1.) CORPORATION NAME:

DUE DATE: **9/30/2013**

**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**

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.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BETSY HARRISON	
TITLE:	DIRECTOR	
ADDRESS:	100 PARK ROAD SOUTH	
CITY/ST/ZIP/CO:	WIMBERLEY, TX 78676	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANN SWARTZ	
TITLE:	PRESIDENT	
ADDRESS:	P. O. BOX 813	
CITY/ST/ZIP/CO:	PHOENIX, OR 97535	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SIDNEY H STOROZUM	
TITLE:	DIRECTOR	
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 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	

NAME: LISA BRIENEN TITLE: CHAIRMAN ADDRESS: 2707 76TH AVE. SE CITY/ST/ZIP/CO: MERCER ISLAND, WA 98040	<input checked="" 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: Shelley Epstein TITLE: DIRECTOR ADDRESS: 828 Philadelphia Pike CITY/ST/ZIP/CO: Wilmington, DE 19809	<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, DIRECTOR PRINTED NAME AND CORPORATE TITLE	8/26/2013 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.		