

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214504168

1.) CORPORATION NAME:

**R. V. Kuhns & Associates, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1920562**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OR**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1211 SW 5TH AVENUE  
SUITE 900

CITY/ST/ZIP: PORTLAND, OR 97204-3709

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 type="checkbox"/>	DIRECTOR
NAME:	REBECCA A. GRATSINGER				
TITLE:	CEO				
ADDRESS:	1211 SW 5TH AVENUE SUITE 900				
CITY/ST/ZIP/CO:	PORTLAND, OR 97204-3709				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JAMES M. VOYTKO				
TITLE:	PRESIDENT				
ADDRESS:	1211 SW 5TH AVENUE SUITE 900				
CITY/ST/ZIP/CO:	PORTLAND, OR 97204-3709				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DAVID NUTE				
TITLE:	CFO				
ADDRESS:	1211 SW 5TH AVENUE SUITE 900				
CITY/ST/ZIP/CO:	PORTLAND, OR 97204-3709				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MARCIA P. BEARD				
TITLE:	VICE PRESIDENT				
ADDRESS:	1211 SW 5TH AVENUE SUITE 900				
CITY/ST/ZIP/CO:	PORTLAND, OR 97204-3709				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	CHARLES J. HOWELL				
TITLE:	VICE PRESIDENT				
ADDRESS:	600 UNIVERSITY STREET SUITE 1725				
CITY/ST/ZIP/CO:	SEATTLE, WA 98101				

NAME: SEAN EALY TITLE: SECRETARY ADDRESS: 1211 SW 5TH AVENUE SUITE 900 CITY/ST/ZIP/CO: PORTLAND, OR 97204-3709	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT PALMERI TITLE: DIRECTOR ADDRESS: 1 PENN PLAZA SUITE 2128 CITY/ST/ZIP/CO: NEW YORK, NY 10119	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOSH KEVAN TITLE: DIRECTOR ADDRESS: 1211 SW 5TH AVENUE SUITE 900 CITY/ST/ZIP/CO: PORTLAND, OR 97204-3709	<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/ DAVID NUTE	DAVID NUTE, CFO	1/16/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.		