

**2022 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 01811306  
Filing Number: 2211215177891  
Filing Date/Time: 11/21/2022 11:25 AM  
Effective Date/Time: 11/21/2022 11:25 AM



1. CORPORATION NAME:  
LYMAN, LTD.

DUE DATE: 012/31/22

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.  
ROBERT P WHITMAN JR  
ROBINSON TRACT RD  
PO BOX 231  
PULASKI, VA 24301-0000

SCC ID NO.: 0181130-6

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 250

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
155-PULASKI COUNTY

4. STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: PO BOX 231  CITY/ST/ZIP PULASKI, VA 24301-0000	ADDRESS:  CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: ROBERT P WHITMAN JR TITLE: P/T ADDRESS: PO BOX 231 ROBINSON TRACT RD CITY/ST/ZIP: PULASKI, VA 24301-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

*Robert P Whitman Jr*

ROBERT P WHITMAN JR

11-15-22

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 that is false in any material respect with intent that the document be delivered to the Commission for filing.

## 2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:  
 LYMAN, LTD.

DUE DATE: **012/31/22**  
 SCC ID NO.: **0181130-6**

**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

All directors and principal officers must be listed.  
 An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: SARAH S WHITMAN TITLE: VP/S ADDRESS: 24 EUBANK RD CITY/ST/ZIP: MT SOLON, VA 22843-0000	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JEANNIE P WHITMAN TITLE: VP/ASST T ADDRESS: 4500 ROLAND AVE #905 CITY/ST/ZIP: DALLAS, TX 75219-0000	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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