

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21204.4071--2/22/2012

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212044071

1. CORPORATION NAME:
HIGHLAND TELEPHONE COOPERATIVE

DUE DATE: 02/29/12

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.
DORIS A FOLKS

SCC ID NO.: 0001476-1

PO BOX 340

MONTEREY, VA 24465

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
145-HIGHLAND COUNTY

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

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: 392 POTOMAC RIVER ROAD PO BOX 340	ADDRESS:
CITY/ST/ZIP MONTEREY, VA 24465	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 checked="" 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: DORIS A FOLKS	NAME: DAVID BLANCHARD
TITLE: VICE PRESIDENT	TITLE: PRESIDENT
ADDRESS: PO BOX 2	ADDRESS: PO BOX 503
CITY/ST/ZIP: BLUE GRASS, VA 24413	CITY/ST/ZIP: MONTEREY, VA 24465

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

Mark A Swecker MARK A SWECKER, TREASURER 02/21/2012
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.

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AF002V Rev 15 2/11

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CORPORATION NAME:
HIGHLAND TELEPHONE COOPERATIVE

DUE DATE: 02/29/12
SCC ID NO.: 0001476-1

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.

<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: MARK A SWECKER TITLE: TREASURER ADDRESS: PO BOX 171 CITY/ST/ZIP: MONTEREY, VA 24465</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: SARAH H SHIFFLETT TITLE: DIRECTOR ADDRESS: 87 MAPLE SUGAR RD CITY/ST/ZIP: HIGHTOWN, VA 24465</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: RODNEY P LEECH TITLE: DIRECTOR ADDRESS: 6467 MILLGAP ROAD CITY/ST/ZIP: MONTEREY, VA 24465</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: RUTH NEWMAN TITLE: SECRETARY ADDRESS: 983 HARDSCRABBLE RD CITY/ST/ZIP: BLUE GRASS, VA 24413</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>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</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: RICHARD A SIMMONS TITLE: DIRECTOR ADDRESS: 8171 MILL GAP RD CITY/ST/ZIP: MONTEREY, VA 24465</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>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</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: LINDA WILL TITLE: DIRECTOR ADDRESS: 1353 WIMER MTN. ROAD CITY/ST/ZIP: BLUE GRASS, VA 24413</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

