

1.) CORPORATION NAME:

**VIRGINIA EPISCOPAL SCHOOL**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT C WOOD III  
EDMUNDS & WILLIAMS  
828 MAIN ST 19TH FL**

SCC ID NO: **00115683**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**LYNCHBURG, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LYNCHBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 VES RD

CITY/ST/ZIP: LYNCHBURG, VA 24503

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:	MR PARKER H LEE III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	112 FAIRWOOD COURT		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	JOHN WOOLARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P O BOX 1636		
CITY/ST/ZIP/CO:	KILL DEVIL HILLS, NC 27948		

NAME:	MRS DEBORAH M LEAKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	400 VES ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24505-0408		

NAME:	MS. LEAH WEISS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	400 VES ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24505-0468		

NAME:	MICHAEL K ALFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1408 WESTERN BLVD		
CITY/ST/ZIP/CO:	JACKSONVILLE, NC 28546		

NAME:	STANLEY C ARCHIBALD III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1218 QUEENS ROAD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28207		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA BEASLEY DIRECTOR 133 EAST RIVER STREET COLERAIN, NC 27924	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR WILLIAM EARLE BETTS DIRECTOR 2375 BUCK MOUNTAIN ROAD FREE UNION, VA 22940	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW L BRANDON DIRECTOR 3801 PEAKLAND PLACE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESSE S CAPEL DIRECTOR 333 EAST CHESTNUT STREET TROY, NC 27371	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THEODORE J CRADDOCK DIRECTOR CASKIE & FROST POB 6320 LYNCHBURG, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES DOUGHTON DIRECTOR 2724 CAMBRIDGE ROAD RALEIGH, VA 27608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M FLIPPIN DIRECTOR 4922 LOCKSVIEW ROAD LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA HOWARD DIRECTOR POB 695 HAMPDEN-SYDNEY, VA 23943	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN K JENKINS DIRECTOR UNIVERSITY OF VIRGINIA POB 400224 CHARLOTTESVILLE, VA 22904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAMBLISS LIGHT DIRECTOR 1505 LINDEN AVENUE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM F MORRISETTE DIRECTOR 1813 DALTON ROAD GREENSBORO, NC 27408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	SPENCER W MORTEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BASSETT MIRROR COMPANY INC POB 627 BASSETT, VA 24055		
CITY/ST/ZIP/CO:			
NAME:	WILLIAM S PEEBLES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	THE LOVETT SCHOOL 4065 PACES FERRY RD NW ATLANTA, GA 30327		
CITY/ST/ZIP/CO:			
NAME:	STEWART M RODDEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DAVENPORT & COMPANY INC 901 EAST CARY STREET RICHMOND, VA 23219		
CITY/ST/ZIP/CO:			
NAME:	ROBERT B TAYLOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	109 FAIRFAX COURT LYNCHBURG, VA 24503		
CITY/ST/ZIP/CO:			
NAME:	ROBERT C WATTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	EPISCOPAL HIGH SCHOOL 1200 NORTH QUAKER LANE ALEXANDRIA, VA 22302		
CITY/ST/ZIP/CO:			
NAME:	The Right Rev. Mark A. Bourlakas	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Episcopal Diocese of SW VA POB 2279 Roanoke, VA 24009		
CITY/ST/ZIP/CO:			
NAME:	Kathy K Craft	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1012 Country Club Drive Greensboro, NC 27408		
CITY/ST/ZIP/CO:			
NAME:	Alan E Harer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1908 Sturbridge Court Raleigh, NC 27612		
CITY/ST/ZIP/CO:			
NAME:	Lee C Herbert	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 Vardall Court Charlotte, NC 28226		
CITY/ST/ZIP/CO:			
NAME:	Meghann E King	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3900 Cathedral Ave NW Washington, D.C., DC 20016		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	George W Martin DIRECTOR 930 Partridge Lane Winston-Salem, NC 27106	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher B Smith DIRECTOR Safe Harbor Family Capital 1450 Raleigh Rd, 205 Chapel Hill, NC 27517	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ MRS DEBORAH M LEAKE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MRS DEBORAH M LEAKE,</u> TREASURER PRINTED NAME AND CORPORATE TITLE	<u>1/2/2014</u> DATE
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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.