

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

ORRICK CEMETERY COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **00231498**

**R W BURKS SR
501 S BRADDOCK ST
WINCHESTER, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WINCHESTER CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 501 S BRADDOCK ST

CITY/ST/ZIP: WINCHESTER, VA 22601

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: DR HM BROOKS TITLE: PRES/COB ADDRESS: 217 SOUTHWERK STREET CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM W BUCKNER TITLE: VICE PRESIDENT ADDRESS: 442 N LOUDOUN STREET CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CURTIS L SLAUGHTER TITLE: SECRETARY ADDRESS: 306 LIBERTY AVE CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: R W BURKS SR TITLE: ADMINISTRATOR/O ADDRESS: 25 EAST HART STREET CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VIOLA E GAITHER TITLE: OFFICER ADDRESS: 105 OXFORD CT CITY/ST/ZIP/CO: STEPHENS CITY, VA 22655	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: IRVIN CALLIS TITLE: OFFICER ADDRESS: EDUCATIONAL DAY CARE CITY/ST/ZIP/CO: 3280 RIVERMONT DRIVE FRONT ROYAL, VA 22630-8224	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONN BOOKER DIRECTOR 1504 STONEHOUSE COURT WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT EDWARD DORSEY DIRECTOR 7 MARCIA COURT ROCKVILLE, MD 20851-1507	<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.

/s/ WILLIAM W BUCKNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM W BUCKNER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/25/2014 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.