

1.) CORPORATION NAME:

**THE VIRGINIA COOPERATIVE CROP
IMPROVEMENT ASSOCIATION, INCORPORATED**

DUE DATE: **6/30/2011**

SCC ID NO: **00252312**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
THOMAS H. HARDIMAN
9225 ATLEE BRANCH LANE
MECHANICSVILLE, VA 23116**

5.) STOCK INFORMATION

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

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9225 ATLEE BRANCH LN

CITY/ST/ZIP: MECHANICSVILLE, VA 23116-

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: MICHAEL DRAKE
TITLE: DIRECTOR
ADDRESS: 31251 SANDS RD
CITY/ST/ZIP/CO: NEWSOMS, VA 23874-

OFFICER DIRECTOR

NAME: DR WADE THOMASON
TITLE: DIRECTOR
ADDRESS: 422 SMYTH HALL/ VA TECH
CITY/ST/ZIP/CO: BLACKSBURG, VA 24061-

OFFICER DIRECTOR

NAME: WILLIAM A GWALTNEY, JR.
TITLE: PRESIDENT
ADDRESS: 14186 FIVE FORKS ROAD
CITY/ST/ZIP/CO: WINDSOR, VA 23487-

OFFICER DIRECTOR

NAME: WILLIAM H. DAWSON, JR.
TITLE: VICE PRESIDENT
ADDRESS: 272 SYDNORS MILLPOND ROAD
CITY/ST/ZIP/CO: HEATHSVILLE, VA 22473-

OFFICER DIRECTOR

NAME: THOMAS H HARDIMAN
TITLE: TREASURER
ADDRESS: 9225 ATLEE BRANCH LANE
CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR DUKE DIRECTOR 11801 FARMERS REST ROAD CHARLES CITY, VA 23030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HILTON HUDSON DIRECTOR 1008 WHITE LANE ALTON, VA 24520-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E LAINE DIRECTOR 11253 GEN MAHONE HWY P. O. BOX 538 WAKEFIELD, VA 23888-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUSSELL L OWENS, JR. DIRECTOR P. O. BOX 26234 6606 WEST BROAD ST RICHMOND, VA 23260-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK T PHILLIPS DIRECTOR 408 RIVER ROAD FRANKLIN, VA 23851-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK SIMMONS DIRECTOR 31380 GEN THOMAS HWY FRANKLIN, VA 23851-	<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/ THOMAS H HARDIMAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>THOMAS H HARDIMAN,</u> TREASURER PRINTED NAME AND CORPORATE TITLE	<u>4/18/2011</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.