

1.) CORPORATION NAME:

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

DUE DATE: **6/30/2012**

SCC ID NO: **00252312**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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:	WILLIAM A GWALTNEY, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	14186 FIVE FORKS ROAD		
CITY/ST/ZIP/CO:	WINDSOR, VA 23487		

NAME:	WILLIAM H. DAWSON, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	272 SYDNORS MILLPOND ROAD		
CITY/ST/ZIP/CO:	HEATHSVILLE, VA 22473		

NAME:	THOMAS H HARDIMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9225 ATLEE BRANCH LANE		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		

NAME:	MICHAEL DRAKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	31251 SANDS RD		
CITY/ST/ZIP/CO:	NEWSOMS, VA 23874		

NAME:	ARTHUR DUKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11801 FARMERS REST ROAD		
CITY/ST/ZIP/CO:	CHARLES CITY, VA 23030		

NAME:	HILTON HUDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1008 WHITE LANE		
CITY/ST/ZIP/CO:	ALTON, VA 24520		

NAME: JAMES E LAINE TITLE: DIRECTOR ADDRESS: 11253 GEN MAHONE HWY P. O. BOX 538 CITY/ST/ZIP/CO: WAKEFIELD, VA 23888	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK T PHILLIPS TITLE: DIRECTOR ADDRESS: 408 RIVER ROAD CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK SIMMONS TITLE: DIRECTOR ADDRESS: 31380 GEN THOMAS HWY CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DR WADE THOMASON TITLE: DIRECTOR ADDRESS: 422 SMYTH HALL/ VA TECH CITY/ST/ZIP/CO: BLACKSBURG, VA 24061	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FRANKLIN HUNDLEY TITLE: DIRECTOR ADDRESS: P. O. BOX 93 CITY/ST/ZIP/CO: CHAMPLAIN, VA 22438	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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/ THOMAS H HARDIMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS H HARDIMAN, TREASURER PRINTED NAME AND CORPORATE TITLE
	4/17/2012 DATE
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.	