

1.) CORPORATION NAME:

**HOOKER FURNITURE CORPORATION**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN L GREGORY III  
400 STARLING AVE  
MARTINSVILLE, VA**

SCC ID NO: **00266593**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**MARTINSVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 440 EAST COMMONWEALTH BLVD  
P O BOX 4708

CITY/ST/ZIP: MARTINSVILLE, VA 24115

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:	PAUL HUCKFELDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1014 MORNINGSIDE LN		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112		

NAME:	R W SHERWOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECR/TREAS		
ADDRESS:	725 SUSAN LANE		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112		

NAME:	PAUL B TOMS JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	910 MULBERRY ROAD		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112		

NAME:	CHRISTOPHER W BEELER JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	953 MULBERRY ROAD		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112		

NAME:	EDWIN L RYDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1101 OLD LIBERTY DRIVE		
CITY/ST/ZIP/CO:	AXTON, VA 24054		

NAME:	HENRY G WILLIAMSON JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	164 ORCHARD PARK DRIVE		
CITY/ST/ZIP/CO:	ADVANCE, NC 27006-7474		

NAME: Michael W. Delgatti, Jr. TITLE: PRESIDENT ADDRESS: PO Box 4708 CITY/ST/ZIP/CO: Martinsville, VA 24115	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: David G. Sweet TITLE: DIRECTOR ADDRESS: PO Box 4708 CITY/ST/ZIP/CO: Martinsville, VA 24115	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: John L. Gregory, III TITLE: DIRECTOR ADDRESS: PO Box 4708 CITY/ST/ZIP/CO: Martinsville, VA 24115	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Mark F. Schreiber TITLE: DIRECTOR ADDRESS: PO Box 4708 CITY/ST/ZIP/CO: Martinsville, VA 24115	<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/ PAUL HUCKFELDT _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL HUCKFELDT, VICE PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
4/4/2014 _____ 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.	