

1.) CORPORATION NAME:

HOOKEER 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:	MICHAEL W. DELGATTI, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 4708		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24115		
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:	JOHN L. GREGORY, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 4708		
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24115		

NAME: EDWIN L RYDER TITLE: DIRECTOR ADDRESS: 1101 OLD LIBERTY DRIVE CITY/ST/ZIP/CO: AXTON, VA 24054	<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
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: HENRY G WILLIAMSON JR TITLE: DIRECTOR ADDRESS: 164 ORCHARD PARK DRIVE CITY/ST/ZIP/CO: ADVANCE, NC 27006-7474	<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
5/29/2014 _____ 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.	