

1.) CORPORATION NAME:

**CHARLES B. KEESEE EDUCATIONAL FUND,
INCORPORATED**

DUE DATE: **12/31/2015**

SCC ID NO: **00487926**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VERNIE W LEWIS (MRS)
106 EAST MAIN STREET
P.O. BOX 431**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MARTINSVILLE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MARTINSVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 106 EAST MAIN STREET

CITY/ST/ZIP: MARTINSVILLE, VA 24114

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID D. BURHANS	
TITLE:	PRESIDENT	
ADDRESS:	208 COLLEGE ROAD	
CITY/ST/ZIP/CO:	RICHMOND, VA 23229	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS T RAMSEY	
TITLE:	VICE PRESIDENT	
ADDRESS:	1234 LANIER RD	
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	VERNIE W. LEWIS	
TITLE:	S/T	
ADDRESS:	310 GREYSON ST.	
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	F R CAMPBELL	
TITLE:	DIRECTOR	
ADDRESS:	461 MAPLE LN	
CITY/ST/ZIP/CO:	DANVILLE, VA 24541	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGIA P. COMPTON	
TITLE:	DIRECTOR	
ADDRESS:	5082 PRESTON ROAD	
CITY/ST/ZIP/CO:	MARTINSVILLE, VA 24112	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	G PAUL FLETCHER	
TITLE:	DIRECTOR	
ADDRESS:	1388 JAMISON MILL ROAD	
CITY/ST/ZIP/CO:	HENRY, VA 24102	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN T. FULCHER DIRECTOR 1113 CHEROKEE TRAIL MARTINSVILLE, VA 24112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA W. MEDLEY DIRECTOR 1004 CHEROKEE TRAIL MARTINSVILLE, VA 24112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTY B. PIGG DIRECTOR 85 LONGWOOD COURT STANLEYTOWN, VA 24168	<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/ VERNIE W. LEWIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VERNIE W. LEWIS, S/T PRINTED NAME AND CORPORATE TITLE	10/26/2015 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.			