

1.) CORPORATION NAME:

WATERFORD FOUNDATION, INCORPORATED

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**O LELAND MAHAN
307 E MARKET ST STE 200
LEESBURG, VA 20176**

SCC ID NO: **00501072**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 142

CITY/ST/ZIP: WATERFORD, VA 20197-0142

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:	BONNIE GETTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 142		
CITY/ST/ZIP/CO:	WATERFORD, VA 20197		

NAME:	WALTER A MUSIC	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 36		
CITY/ST/ZIP/CO:	WATERFORD, VA 20197		

NAME:	JIM SUTTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 142		
CITY/ST/ZIP/CO:	WATERFORD, VA 20197		

NAME:	MARGARET BOCEK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P O BOX 142		
CITY/ST/ZIP/CO:	WATERFORD, VA 20197		

NAME:	BRONWEN SOUDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 142		
CITY/ST/ZIP/CO:	WATERFORD, VA 20197		

NAME:	SUSAN HONIG ROGERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 142		
CITY/ST/ZIP/CO:	WATERFORD, VA 20197		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES BEACH DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAYLOR M CHAMBERLIN DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLOTTE GOLLOBIN DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM GOSSES DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM HERTEL DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HANS HOMMELS DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENT MARRS DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE MORRIS DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. BROWN MORTON DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATTI PSARIS DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY V SMITH DIRECTOR PO BOX 142 WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CRAIG STEIDLE TITLE: DIRECTOR ADDRESS: PO BOX 142 CITY/ST/ZIP/CO: WATERFORD, VA 20197	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MIRIAM O WESTERVELT TITLE: DIRECTOR ADDRESS: PO BOX 142 CITY/ST/ZIP/CO: WATERFORD, VA 20197	<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.

/s/ BONNIE GETTY	BONNIE GETTY, DIRECTOR	8/28/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.