

1.) CORPORATION NAME:

BLOXOM AUTO SUPPLY COMPANY, INCORPORATED

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT S. BLOXOM
BOX 27
MAPPSVILLE, VA**

SCC ID NO: **00527473**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ACCOMACK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14116 LANKFORD HIGHWAY

CITY/ST/ZIP: MAPPSVILLE, VA 23407-0027

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:	ROBERT S BLOXOM JR	
TITLE:	VICE PRESIDENT	
ADDRESS:	P O BOX 27	
CITY/ST/ZIP/CO:	MAPPSVILLE, VA 23407	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PATRICIA K BLOXOM	
TITLE:	SECRETARY	
ADDRESS:	P O BOX 27	
CITY/ST/ZIP/CO:	MAPPSVILLE, VA 23407	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT S BLOXOM	
TITLE:	P/T	
ADDRESS:	P O BOX 27	
CITY/ST/ZIP/CO:	MAPPSVILLE, VA 23407	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PATRICIA L BLOXOM	
TITLE:	DIRECTOR	
ADDRESS:	3430 STUART AVENUE	
CITY/ST/ZIP/CO:	RICHMOND, VA 23221	

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/ ROBERT S BLOXOM JR	ROBERT S BLOXOM JR, VICE	3/27/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.