

1.) CORPORATION NAME:

MONTGOMERY COUNTY FARM BUREAU

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CARL N MCNEIL JR
1095 PEPPERS FERRY RD
CHRISTIANSBURG, VA**

SCC ID NO: **00667980**

5.) STOCK INFORMATION

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

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1095 PEPPERS FERRY ROAD

CITY/ST/ZIP: CHRISTIANSBURG, VA 24073-0247

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: BRUCE STANGER TITLE: VICE PRESIDENT ADDRESS: 2159 PEPPERS FERRY RD CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN ROGER SAVILLE TITLE: TREASURER ADDRESS: 2321 KEISTERS BRANCH ROAD CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RANDY WOLF TITLE: SECRETARY ADDRESS: 4638 GOLD RUSH ROAD CITY/ST/ZIP/CO: PILOT, VA 24138	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES SHORTER TITLE: DIRECTOR ADDRESS: 4595 LONG SHOP RD CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Thomas Kent Adams TITLE: PRESIDENT ADDRESS: PO BOX 174 CITY/ST/ZIP/CO: RIner, VA 24149	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lance Lafon TITLE: DIRECTOR ADDRESS: 1813 Bishop Rd CITY/ST/ZIP/CO: Blacksburg, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Katie Lafon TITLE: DIRECTOR ADDRESS: 1813 Bishop Rd CITY/ST/ZIP/CO: Blacksburg, VA 24060	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Chuck King TITLE: DIRECTOR ADDRESS: 1795 Cambria St CITY/ST/ZIP/CO: Christiansburg, VA 24073	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Lloyd Phillips TITLE: DIRECTOR ADDRESS: 3078 Dry Valley Rd CITY/ST/ZIP/CO: Radford, VA 24141	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Darin Greear TITLE: DIRECTOR ADDRESS: 1540 Creekside Ln CITY/ST/ZIP/CO: Riner, VA 24149	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Casey Phillips TITLE: DIRECTOR ADDRESS: 2835 Dry Valley Rd CITY/ST/ZIP/CO: Radford, VA 24141	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Joseph Wall TITLE: DIRECTOR ADDRESS: 2119 Walnut Spring Rd CITY/ST/ZIP/CO: Blacksburg, VA 24060	<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/ BRUCE STANGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRUCE STANGER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/5/2014 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.				