

1.) CORPORATION NAME:

**FAUQUIER S.P.C.A., INCORPORATED**

DUE DATE: **11/21/2010**

SCC ID NO: **00770370**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
H T A NEVILL  
6422 SWAINS RD  
MARSHALL, VA 20115**

5.) STOCK INFORMATION

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

**FAUQUIER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 733

CITY/ST/ZIP: WARRENTON, VA 20188-

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: RICHARD O ANDERSON  
TITLE: VICE PRESIDENT  
ADDRESS: PO BOX 227  
CITY/ST/ZIP/CO: CASANOVA, VA 20139-

OFFICER

DIRECTOR

NAME: SHARON A MALONEY  
TITLE: VICE PRESIDENT  
ADDRESS: 8831 SPRINGS RD  
CITY/ST/ZIP/CO: WARRENTON, VA 20186-

OFFICER

DIRECTOR

NAME: H T A NEVILL  
TITLE: TREASURER  
ADDRESS: PO BOX 3308  
CITY/ST/ZIP/CO: WARRENTON, VA 20188-

OFFICER

DIRECTOR

NAME: ELLIE SPENCER  
TITLE: SECRETARY  
ADDRESS: PO BOX 12  
CITY/ST/ZIP/CO: WARRENTON, VA 20188-

OFFICER

DIRECTOR

NAME: CAREN EASTHAM  
TITLE: DIRECTOR  
ADDRESS: PO BOX 834  
CITY/ST/ZIP/CO: WARRENTON, VA 20188-

OFFICER

DIRECTOR

NAME: SUSAN CUMMINGS TITLE: DIRECTOR ADDRESS: 3162 LE BARON LN CITY/ST/ZIP/CO: JEFFERSONTON, VA 22724-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MRS. ROBERT DART TITLE: DIRECTOR ADDRESS: 9174 HARTS MILL RD CITY/ST/ZIP/CO: WARRENTON, VA 20186-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEVON DENNIS TITLE: DIRECTOR ADDRESS: 8441 HOLTZCLAW RD CITY/ST/ZIP/CO: WARRENTON, VA 20186-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOYCE FENDLEY TITLE: DIRECTOR ADDRESS: PO BOX 47 CITY/ST/ZIP/CO: CASANOVA, VA 20139-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS HUNSBERGER TITLE: DIRECTOR ADDRESS: PO BOX 24 CITY/ST/ZIP/CO: SOMERVILLE, VA 22739-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANGELA KEYSER TITLE: DIRECTOR ADDRESS: 8263 BELLE GROVE LN CITY/ST/ZIP/CO: WARRENTON, VA 20186-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DR. ELAINE LUTZ TITLE: DIRECTOR ADDRESS: 8680 LEES RIDGE RD CITY/ST/ZIP/CO: WARRENTON, VA 20186-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CARLA NAMMACK-WENGER TITLE: DIRECTOR ADDRESS: 10739 BRISTERSBURG RD CITY/ST/ZIP/CO: CATLETT, VA 20119-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MRS. JEFF STATLER TITLE: DIRECTOR ADDRESS: 7295 DUDIR RD CITY/ST/ZIP/CO: MARSHALL, VA 20115-	<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/ H T A NEVILL	H T A NEVILL, TREASURER	11/21/2010
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.