

1.) CORPORATION NAME:

**MECKLENBURG SCHOLARSHIP ASSOCIATION,
INCORPORATED**

DUE DATE: **2/28/2013**

SCC ID NO: **00772517**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS CARY EMORY
500 BERRY ST
CHASE CITY, VA 23924**

5.) STOCK INFORMATION

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

MECKLENBURG COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 Berry St

CITY/ST/ZIP: CHASE CITY, VA 23924

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:	DOTTIE DEAN BRATTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	912 W SYCAMORE ST		
CITY/ST/ZIP/CO:	CHASE CITY, VA 23924		

NAME:	A DUKE REID	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	504 E SECOND STREET		
CITY/ST/ZIP/CO:	CHASE CITY, VA 23924-1716		

NAME:	MARY ALICE PARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1745 PARKSIDE ROAD		
CITY/ST/ZIP/CO:	SKIPWITH, VA 23968		

NAME:	SANDY SUSLICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	814 ROBERTSON ST		
CITY/ST/ZIP/CO:	CHASE CITY, VA 23924		

NAME:	THOMAS CARY EMORY, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	500 BERRY ST		
CITY/ST/ZIP/CO:	CHASE CITY, VA 23924		

NAME:	SALLY GILL MORGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 OAKVIEW DRIVE		
CITY/ST/ZIP/CO:	P.O. BOX 514 CLARKSVILLE, VA 23927		

NAME: MILLIE BRACEY TITLE: DIRECTOR ADDRESS: 120 BUNEA VISTA CIRCLE CITY/ST/ZIP/CO: SOUTH HILL, VA 23970	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SYLVIA INGE COLEMAN TITLE: DIRECTOR ADDRESS: P.O. BOX 401 CITY/ST/ZIP/CO: BOYDTON, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DYAN PITTARD WILLIS TITLE: DIRECTOR ADDRESS: 279 CONIFER DRIVE P.O. BOX 224 CITY/ST/ZIP/CO: CLARKSVILLE, VA 23927	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRENDA WELLS GEE TITLE: DIRECTOR ADDRESS: 1102 DOGWOOD LANE CITY/ST/ZIP/CO: SOUTH HILL, VA 23970	<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/ THOMAS CARYEMORY, JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS CARYEMORY, JR, PRINTED NAME AND CORPORATE TITLE	2/2/2013 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.		