

1.) CORPORATION NAME: **MECKLENBURG SCHOLARSHIP ASSOCIATION, INCORPORATED** DUE DATE: **2/28/2014**
 SCC ID NO: **00772517**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **THOMAS CARY EMORY**
500 BERRY ST
CHASE CITY, VA

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:	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:	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:	MILLIE BRACEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 BUNEA VISTA CIRCLE		
CITY/ST/ZIP/CO:	SOUTH HILL, VA 23970		

NAME:	SYLVIA INGE COLEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 401		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		

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
NAME: SALLY GILL MORGAN TITLE: DIRECTOR ADDRESS: 111 OAKVIEW DRIVE P.O. BOX 514 CITY/ST/ZIP/CO: CLARKSVILLE, VA 23927	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY ALICE PARK TITLE: DIRECTOR ADDRESS: 1745 PARKSIDE ROAD CITY/ST/ZIP/CO: SKIPWITH, VA 23968	<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
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 CARY EMORY, JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS CARY EMORY, JR, TREASURER PRINTED NAME AND CORPORATE TITLE	1/3/2014 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.		