

1.) CORPORATION NAME:

DuPont Community Credit Union

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GERALD B HERSHEY
140 LUCY LN
WAYNESBORO, VA**

SCC ID NO: **00826784**

5.) STOCK INFORMATION

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

WAYNESBORO CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 140 LUCY LANE

CITY/ST/ZIP: WAYNESBORO, VA 22980

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:	GERALD B HERSHEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	29 WARREN OAKS LN		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		
NAME:	LESLIE RAMSEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	630 MT TORREY RD		
CITY/ST/ZIP/CO:	LYNDHURST, VA 22952		
NAME:	EVERETT J CAMPBELL, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	9633 CRITZER SHOP ROAD		
CITY/ST/ZIP/CO:	AFTON, VA 22920		
NAME:	QUINON MAURICE GRESHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1321 OLD WHITE BRIDGE RD		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		
NAME:	EVELYN M WAGNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10 AVON AVE		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		
NAME:	WILLIAM ROY BARKSDALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 224		
CITY/ST/ZIP/CO:	CROZET, VA 22932		

NAME: MARGARET A HERSH TITLE: DIRECTOR ADDRESS: 1816 KISER CT CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TIMOTHY M SIMMONS TITLE: DIRECTOR ADDRESS: 314 MOUNTAIN RUN RD CITY/ST/ZIP/CO: CHURCHVILLE, VA 24421	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ EVELYN M WAGNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EVELYN M WAGNER, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/22/2014 DATE
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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.