

| 1.) CORPORATION NAME: HAYNSWORTHS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHARLES R. HAYNSWORTH 840 MEMORIAL DRIVE DANVILLE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: DANVILLE CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA | DUE DATE: 4/30/2016 SCC ID NO: 00867416 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>150</td> </tr> <tr> <td>PREFER</td> <td>850</td> </tr> </tbody> </table> | CLASS | AUTHORIZED | COMMON | 150 | PREFER | 850 |
|---|---|-------|------------|--------|-----|--------|-----|
| CLASS | AUTHORIZED | | | | | | |
| COMMON | 150 | | | | | | |
| PREFER | 850 | | | | | | |

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| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 840 MEMORIAL DR CITY/ST/ZIP: DANVILLE, VA 24541 | |
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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.

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| NAME: CHARLES R HAYNSWORTH III TITLE: PRESIDENT ADDRESS: 840 MEMORIAL DR CITY/ST/ZIP/CO: DANVILLE, VA 24541 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: JOHN R HAYNSWORTH TITLE: VICE PRESIDENT ADDRESS: 840 MEMORIAL DRIVE CITY/ST/ZIP/CO: DANVILLE, VA 24541 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| NAME: CHARLES R HAYNSWORTH, IV TITLE: VICE PRESIDENT ADDRESS: 840 MEMORIAL DRIVE CITY/ST/ZIP/CO: DANVILLE, VA 24541 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| NAME: LYNN H HAYNSWORTH TITLE: TREASURER ADDRESS: 840 MEMORIAL DR CITY/ST/ZIP/CO: DANVILLE, VA 24541 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| NAME: DEBRA B JONES TITLE: SECRETARY ADDRESS: 893 RIDGECREST DRIVE CITY/ST/ZIP/CO: DANVILLE, VA 24540 | <input checked="" type="checkbox"/> OFFICER | <input 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.

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| /s/ DEBRA B JONES | DEBRA B JONES, SECRETARY | 3/1/2016 |
| 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.