

1.) CORPORATION NAME:

BLOOMFIELD, INCORPORATED

DUE DATE: **9/25/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**COURTNEY G. KOHLER
P.O. BOX 445
MIDDLEBURG, VA**

SCC ID NO: **00881268**

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: C/O Courtney Kohler
PO BOX 445

CITY/ST/ZIP: Middleburg, VA 20118

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:	COURTNEY G KOHLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	BOX 445		
CITY/ST/ZIP/CO:	MIDDLEBURG, VA 20118		

NAME:	THE REV JACK SUTOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 271		
CITY/ST/ZIP/CO:	HANOVER, VA 23069		

NAME:	Ursula Baxley	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4406 Winchester Road		
CITY/ST/ZIP/CO:	Marshall, VA 20115		

NAME:	Barbara Davis	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4664 Jones Mill Road		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		

NAME:	Ben Owen	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5918 Canterbury Road		
CITY/ST/ZIP/CO:	Walkerton, VA 23177		

NAME:	Courtney G Kohler	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 445		
CITY/ST/ZIP/CO:	Middleburg, VA 20118		

NAME: Thomas Keith TITLE: DIRECTOR ADDRESS: 550 Bloomfield Road CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rev. William Burk TITLE: DIRECTOR ADDRESS: 7159 CITY/ST/ZIP/CO: Mechanicsville, VA 23111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linn Power TITLE: DIRECTOR ADDRESS: 106 Eldenberry Rd. CITY/ST/ZIP/CO: Winchester, VA 22603	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Charlotte Gearhardt TITLE: DIRECTOR ADDRESS: 116 Alexander Place CITY/ST/ZIP/CO: Williamsburg,, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Laura Geddy TITLE: DIRECTOR ADDRESS: 129 Jones Mills Road CITY/ST/ZIP/CO: Williamsburg, VA 23185	<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/ COURTNEY G KOHLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	COURTNEY G KOHLER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/25/2013 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.		