

1.) CORPORATION NAME:

**THE RUFFED GROUSE SOCIETY**

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**N LESLIE SAUNDERS JR**

**9100 ARBORETUM PARKWAY STE 300**

**RICHMOND, VA 23236-3400**

SCC ID NO: **00916320**

5.) STOCK INFORMATION

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

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 451 MCCORMICK ROAD

CITY/ST/ZIP: CORAOPOLIS, PA 15108-

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: GAYLEN J BYKER  
TITLE: CHAIR  
ADDRESS: 3201 BURTON ST  
CITY/ST/ZIP/CO: GRAND RAPIDS, MI 49546-

OFFICER

DIRECTOR

NAME: LAWRENCE M CLARK, JR.  
TITLE: VICE CHAIRMAN  
ADDRESS: 99 JANE ST, APT 7F  
CITY/ST/ZIP/CO: NEW YORK, NY 10014-

OFFICER

DIRECTOR

NAME: JAMES HAYETT  
TITLE: DIRECTOR  
ADDRESS: 1177 QUAIL CT STE 202  
CITY/ST/ZIP/CO: PEWAUKEE, WI 53072-

OFFICER

DIRECTOR

NAME: THOMAS HOFFMAN  
TITLE: DIRECTOR  
ADDRESS: 1906 HIGHGATE RD  
CITY/ST/ZIP/CO: PITTSBURGH, PA 15241-

OFFICER

DIRECTOR

NAME: JAMES OLIVER  
TITLE: DIRECTOR  
ADDRESS: 6327 CAMINITO DEL CERVATO  
CITY/ST/ZIP/CO: SAN DIEGO, CA 92111-

OFFICER

DIRECTOR

NAME: JOHN C OLIVER TITLE: DIRECTOR ADDRESS: 18 SCOTTS NECK PL CITY/ST/ZIP/CO: SHELDON, SC 29941-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DENIS KARNOSKY TITLE: DIRECTOR ADDRESS: N6571 COUNTY DD CITY/ST/ZIP/CO: BURLINGTON, WI 53105-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TRACY T LARSEN TITLE: SECRETARY ADDRESS: 10479 BRASKA AVE CITY/ST/ZIP/CO: MIDDLEVILLE, MI 49333-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LEON H (JOE) CHANDLER TITLE: DIRECTOR ADDRESS: 16880 BRIARCLIFF PTE CITY/ST/ZIP/CO: ANCHORAGE, AK 99516-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: D WAYNE JACOBSON JR TITLE: DIRECTOR ADDRESS: 2301 POKEGAMA AVENUE S CITY/ST/ZIP/CO: GRAND RAPIDS, MN 55744-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GEORGE RICH TITLE: DIRECTOR ADDRESS: 904 S BROADWAY CITY/ST/ZIP/CO: BALTIMORE, MD 21231-	<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/ GAYLEN J BYKER	GAYLEN J BYKER, CHAIR	10/28/2011
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.