

1.) CORPORATION NAME: **THE RUFFED GROUSE SOCIETY** DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **N LESLIE SAUNDERS JR** SCC ID NO: **00916320**
9100 ARBORETUM PARKWAY STE 300
RICHMOND, VA 23236-3400

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: 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
NAME: GAYLEN J BYKER TITLE: CHAIR ADDRESS: 20 PEPPERS TRL CITY/ST/ZIP/CO: MONTAGUE, MI 49437	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE M CLARK, JR. TITLE: VICE CHAIRMAN ADDRESS: 99 JANE ST, APT 7F CITY/ST/ZIP/CO: NEW YORK, NY 10014	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
NAME: JAMES HAYETT TITLE: DIRECTOR ADDRESS: 1177 QUAIL CT STE 202 CITY/ST/ZIP/CO: PEWAUKEE, WI 53072	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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

NAME: JAMES OLIVER TITLE: TREASURER ADDRESS: 6327 CAMINITO DEL CERVATO CITY/ST/ZIP/CO: SAN DIEGO, CA 92111	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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
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
NAME: SHANE T. MENGEL TITLE: DIRECTOR ADDRESS: 2000 AVENUE OF THE STARS 12TH FLR CITY/ST/ZIP/CO: LOS ANGELES, CA 90067	<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/ TRACY T LARSEN	TRACY T LARSEN, SECRETARY	10/31/2012
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.		