

1.) CORPORATION NAME:

THE RUFFED GROUSE SOCIETY

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**N LESLIE SAUNDERS JR
9100 ARBORETUM PARKWAY STE 300
RICHMOND, VA**

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: JAMES OLIVER TITLE: CHAIR ADDRESS: 6327 CAMINITO DEL CERVATO CITY/ST/ZIP/CO: SAN DIEGO, CA 92111	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GAYLEN J BYKER TITLE: DIRECTOR ADDRESS: 20 PEPPERS TRL CITY/ST/ZIP/CO: MONTAGUE, MI 49437	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHANE T. MENGEL DIRECTOR 2000 AVENUE OF THE STARS 12TH FLR LOS ANGELES, CA 90067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C OLIVER DIRECTOR 18 SCOTTS NECK PL SHELDON, SC 29941	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE RICH TREASURER 904 S BROADWAY BALTIMORE, MD 21231	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID MOORE DIRECTOR 385 W ONWENTSIA RD LAKE FOREST, IL 60045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY WILSON DIRECTOR 1067 SILVER ST HINESBURG, VT 05461	<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/ JAMES OLIVER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES OLIVER, CHAIR PRINTED NAME AND CORPORATE TITLE	11/5/2013 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.			