

1.) CORPORATION NAME:

**POWHATAN SCHOOL**

DUE DATE: **5/24/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KENNETH L RICE  
320 TYLER DR  
CLEARBROOK, VA**

SCC ID NO: **01002385**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CLARKE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 49 POWHATAN LANE

CITY/ST/ZIP: BOYCE, VA 22620

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:	TUPPER DORSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	187 LAKE ST CLAIR DRIVE		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22603		

NAME:	TRACY FITZSIMMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1554 RELIANCE ROAD		
CITY/ST/ZIP/CO:	RELIANCE, VA 22649		

NAME:	J T ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	686 LAKE SERENE DRIVE		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22603		

NAME:	KENNETH RICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	320 TYLER DRIVE		
CITY/ST/ZIP/CO:	CLEARBROOK, VA 22624		

NAME:	CATHERINE DES PREZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15086 MOUNTAIN ROAD		
CITY/ST/ZIP/CO:	HILLSBORO, VA 20132		

NAME:	MR JAY SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1720 BRANDON DR		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		

NAME:                   JEFF KELBY TITLE:                   SECRETARY ADDRESS:               102 E. MAIN STREET CITY/ST/ZIP/CO:       BOYCE, VA 22620	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
--	---

NAME:                   CARY BRUBAKER TITLE:                   TREASURER ADDRESS:               303 JEFFERSON STREET CITY/ST/ZIP/CO:       WINCHESTER, VA 22601	<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.

/s/ J T ANDERSON	J T ANDERSON, VICE PRESIDENT	5/24/2013
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.