

1.) CORPORATION NAME:

POWHATAN SCHOOL

DUE DATE: **2/27/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CARY CLAYTOR
303 JEFFERSON STREET
WINCHESTER, VA**

SCC ID NO: **01002385**

5.) STOCK INFORMATION

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

WINCHESTER CITY

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: TRACY FITZSIMMONS TITLE: PRESIDENT ADDRESS: 1554 RELIANCE ROAD CITY/ST/ZIP/CO: RELIANCE, VA 22649	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: J T ANDERSON TITLE: VICE PRESIDENT ADDRESS: 686 LAKE SERENE DRIVE CITY/ST/ZIP/CO: WINCHESTER, VA 22603	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CARY CLAYTOR TITLE: TREASURER ADDRESS: 303 JEFFERSON STREET CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFF KELBLE TITLE: SECRETARY ADDRESS: 102 E. MAIN STREET CITY/ST/ZIP/CO: BOYCE, VA 22620	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BARBARA BASSETTE TITLE: DIRECTOR ADDRESS: 19634 FOGGY BOTTOM ROAD CITY/ST/ZIP/CO: BLUEMONT, VA 20135	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BILL BUETTIN TITLE: DIRECTOR ADDRESS: 321 S. STEWART STREET CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RICH INGRAM TITLE: DIRECTOR ADDRESS: 420 GLEN LEA COURT CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ART MAJOR TITLE: DIRECTOR ADDRESS: 119 S. WASHINGTON STREET CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEANNETTE MORROW TITLE: DIRECTOR ADDRESS: PO BOX 57 CITY/ST/ZIP/CO: SHEPHERDSTOWN, WV 25443	<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 FITZSIMMONS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TRACY FITZSIMMONS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/27/2014 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.		