

1.) CORPORATION NAME:

**DIGGES & SONS, INC., J. C.**

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS F DIGGES  
8071 LILAC STREET  
MANASSAS, VA**

SCC ID NO: **01032804**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**PRINCE WILLIAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 147

CITY/ST/ZIP: WHITE POST, VA 22663

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.

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | SUSAN M DIGGES                              |  |
| TITLE:          | PRESIDENT                                   |  |
| ADDRESS:        | POB 147                                     |  |
| CITY/ST/ZIP/CO: | WHITE POST, VA 22663                        |  |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | BARBARA H DIGGES                            |  |
| TITLE:          | VICE PRESIDENT                              |  |
| ADDRESS:        | 514 W CULVER                                |  |
| CITY/ST/ZIP/CO: | PHOENIX, AZ 85003                           |  |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | THOMAS F DIGGES                             |  |
| TITLE:          | S/T   |  |
| ADDRESS:        | 8071 LILAC STREET                           |  |
| CITY/ST/ZIP/CO: | MANASSAS, VA 20112                          |  |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | SALLY K. DIGGES                  |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 607 W. WILLIS PLACE              |  |
| CITY/ST/ZIP/CO: | VAIL, AZ 85641                   |  |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | ELAINE DIGGES ELLIOTT            |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 1176 ROCKY HILL RD               |  |
| CITY/ST/ZIP/CO: | MUMFORDVILLE, KY 42765           |  |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | NANCY D SPECHT                   |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 227 HYSLIP FORD RD               |  |
| CITY/ST/ZIP/CO: | BUNKER HILL, WV 25413            |  |

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/ THOMAS F DIGGES  | THOMAS F DIGGES, S/T             | 1/19/2015 |
| 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. |                                  |           |