

1.) CORPORATION NAME:

**MONTICELLO AREA COMMUNITY ACTION AGENCY**

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DOUGLAS E LITTLE  
710 E HIGH ST  
PO BOX 254**

SCC ID NO: **01050913**

5.) STOCK INFORMATION

|       |            |
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| CLASS | AUTHORIZED |
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**CHARLOTTESVILLE, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1025 PARK ST

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901

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.

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| NAME: GARRETT SMITH<br>TITLE: PRESIDENT<br>ADDRESS: 610 WEST RIO RD.<br>CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DAVID MELLEN<br>TITLE: VICE PRESIDENT<br>ADDRESS: PO BOX 2853<br>CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LIBBY EDWARDS<br>TITLE: TREASURER<br>ADDRESS: 627 FOX HOLLOW LANE<br>CITY/ST/ZIP/CO: PALMYRA, VA 22963        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: AMY BARNABEI<br>TITLE: SECRETARY<br>ADDRESS: 1749 JORDAN STORE ROAD<br>CITY/ST/ZIP/CO: KENTS STORE, VA 23084  | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: BARBARA MILLER<br>TITLE: EXEC DIRECTOR<br>ADDRESS: 1025 PARK ST<br>CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: MELVIN GUSS<br>TITLE: DIRECTOR<br>ADDRESS: 1619 A MADISON AVENUE<br>CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |

|  |                                  |  |
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| NAME: JOY JOHNSON<br>TITLE: DIRECTOR<br>ADDRESS: 823 D HARDY DRIVE<br>CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CHRIS KABBASH<br>TITLE: DIRECTOR<br>ADDRESS: PO BOX 496<br>CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: BERNARD WELLS<br>TITLE: DIRECTOR<br>ADDRESS: 1462 MONTEREY DRIVE<br>CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: SAMANTHA WOOD<br>TITLE: DIRECTOR<br>ADDRESS: 2401 PROFFIT ROAD<br>CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911  | <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/ GARRETT SMITH  | GARRETT SMITH, PRESIDENT         | 3/31/2016                                    |
| 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. |                                  |  |