

1.) CORPORATION NAME:

POTOMAC HUNT CLUB, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES CURTIS BAYLISS
5405 DUNSMORE RD
ALEXANDRIA, VA**

SCC ID NO: **01085612**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2465 KIMBERLY LA

CITY/ST/ZIP: HUNTINGTOWN, MD 20639

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 BAYLISS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5405 DUNSMORE DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		
NAME:	MAURICE R WELLS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2465 KIMBERLY LN		
CITY/ST/ZIP/CO:	HUNTINGTOWN, MD 20639		
NAME:	JOHN WILSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	418 GREAT OAKS DRIVE		
CITY/ST/ZIP/CO:	HUBERT, NC 28539		
NAME:	MICHAEL H WATSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16204 MURRAY RD.		
CITY/ST/ZIP/CO:	RIDGE, MD 20689		
NAME:	Earl Bears	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 50364		
CITY/ST/ZIP/CO:	Arlington, VA 22205		
NAME:	Bert Bilodeau	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	207 Winding Creek Way		
CITY/ST/ZIP/CO:	Hubert, NC 28539		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Doyle DIRECTOR 703 Flower Dr Massanutten, VA 22840	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alvin Fox DIRECTOR PO Box 776 Edgewater , MD 21037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Fox DIRECTOR 419 Linden La La Plata, MD 20646	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donald Fridley DIRECTOR 1618 Cowpature River Highway Millboro , VA 24460	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nathan Holliday DIRECTOR 2550 Border Grant Trail Fairfield, VA 24435	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Denny Lohr DIRECTOR 311 Creek View La Colonial Beach , VA 22443	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joe Mothershead DIRECTOR PO Box 855 Charlotte, MD 20622	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Leo Nims DIRECTOR PO Box 563 Huntingtown, MD 20639	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian Norton DIRECTOR 6613 Beddoe St Alexandria, VA 22306	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles Norton DIRECTOR 5944 N 2nd St Arlington, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gilbert Ramey DIRECTOR 8510 Thomas Dr Manassas, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Harry Shugart DIRECTOR 2169 Freemantle Ct Waldorf, MD 20602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joe Thessin DIRECTOR 6418 Hillside La Alexandria, VA 22306	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Larry Taylor DIRECTOR 5065 Crisfield Manor Ct White Plains, MD 20695	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Herb Vaughn DIRECTOR 333 E. Hartford St 4A Hernando , FL 34442	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steve Wilson DIRECTOR 1540 Vavenue B St. Leonard, MD 20685	<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/ MAURICE R WELLS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MAURICE R WELLS, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/25/2014 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.			