

1.) CORPORATION NAME:

**POTOMAC HUNT CLUB, INC.**

DUE DATE: **5/31/2015**

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
-------	------------

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:	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:	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:	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:	JOHN DOYLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	703 FLOWER DR		
CITY/ST/ZIP/CO:	MASSANUTTEN, VA 22840		

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 BEDDOO 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: LARRY TAYLOR TITLE: DIRECTOR ADDRESS: 5065 CRISFIELD MANOR CT CITY/ST/ZIP/CO: WHITE PLAINS, MD 20695	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOE THESSIN TITLE: DIRECTOR ADDRESS: 6418 HILLSIDE LA CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HERB VAUGHN TITLE: DIRECTOR ADDRESS: 333 E. HARTFORD ST 4A CITY/ST/ZIP/CO: HERNANDO, FL 34442	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL H WATSON TITLE: DIRECTOR ADDRESS: 16204 MURRAY RD. CITY/ST/ZIP/CO: RIDGE, MD 20689	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE WILSON TITLE: DIRECTOR ADDRESS: 1540 VA AVENUE B CITY/ST/ZIP/CO: 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/ JAMES BAYLISS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES BAYLISS, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/23/2015 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.		