

1.) CORPORATION NAME:

**VIRGINIA ASSOCIATION OF MUSEUMS**

DUE DATE: **6/23/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JENNIFER THOMAS  
VIRGINIA ASSOCIATION OF MUSEUMS  
3126 W CARY ST #447**

SCC ID NO: **01164300**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3126 W CARY ST  
#447

CITY/ST/ZIP: RICHMOND, VA 23221

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 GILLESPIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 6228		
CITY/ST/ZIP/CO:	LEESBURG, VA 20178		

NAME:	AL SCHWEIZER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	521 MIDDLE ST		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23704		

NAME:	NORMAN BURNS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	MAYMONT FOUNDATION 1700 HAMPTON STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		

NAME:	ANNA HOLLOWAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	MARINERS MUSEUM 100 MUSEUM DRIVE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME:	Gary Sandling	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP- Planning		
ADDRESS:	PO Box 316		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		

NAME: Gretchen Bulova TITLE: VP - Programs ADDRESS: 134 N. Royal St CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Jennifer Thomas TITLE: Exec Director ADDRESS: 3126 W. Cary St. #447 CITY/ST/ZIP/CO: Richmond, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ AL SCHWEIZER	AL SCHWEIZER, PRESIDENT	6/23/2014
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.