

1.) CORPORATION NAME: **MORGAN ASSOCIATION, INC.** DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **TINA M CASHMAN**
6105 BILLS RD
MINERAL, VA 23117 SCC ID NO: **01705151**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 397
CITY/ST/ZIP: MINERAL, VA 23117

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: TINA CASHMAN TITLE: PRESIDENT ADDRESS: 6105 BILLS ROAD CITY/ST/ZIP/CO: MINERAL, VA 23117	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICK DONNELLY TITLE: VICE PRESIDENT ADDRESS: 6106 BILLS RD CITY/ST/ZIP/CO: MINERAL, VA 23117	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAM CASHMAN TITLE: TREASURER ADDRESS: 6105 BILLS ROAD CITY/ST/ZIP/CO: MINERAL, VA 23117	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GARY CRADDOCK TITLE: DIRECTOR ADDRESS: 6019 BILLS RD CITY/ST/ZIP/CO: MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CATHY DALRYMPLE TITLE: PRESIDENT ADDRESS: 6217 BILLS ROAD CITY/ST/ZIP/CO: MINERAL, VA 23117	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LISI JACKSON TITLE: DIRECTOR ADDRESS: 6011 BILLS RD CITY/ST/ZIP/CO: MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE COCKERHAM DIRECTOR 15611 HETH DRIVE MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETSY BURT DIRECTOR 6013 BILLS RD MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE HALL DIRECTOR 6118 EDS RD MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS GEORGE DIRECTOR 6017 BILLS RD MINERAL, VA 23117	<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/ SAM CASHMAN	SAM CASHMAN, TREASURER	8/21/2012	
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.			