

1.) CORPORATION NAME:

THE ST. MARGARET'S SCHOOL FOUNDATION

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARGARET R BROAD
ST MARGARET'S SCHOOL 444 WATER LN
PO BOX 158**

SCC ID NO: **01727056**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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TAPPAHANNOCK, VA 22560

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ESSEX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 158

CITY/ST/ZIP: TAPPAHANNOCK, VA 22560

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: LUCILE WARE MCCARTHY TITLE: SECRETARY ADDRESS: PO BOX 1201 CITY/ST/ZIP/CO: DUNNSVILLE, VA 22454	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANE WHITT SELLERS TITLE: CHAIRMAN ADDRESS: 3109 AMHERST AVE CITY/ST/ZIP/CO: BURLINGTON, NC 27215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID CHARLTON TITLE: DIRECTOR ADDRESS: 190 NOVEMBER TRAIL CITY/ST/ZIP/CO: WHITE STONE, VA 22578	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN E LAWLER TITLE: DIRECTOR ADDRESS: PO BOX 8 CITY/ST/ZIP/CO: SANDY POINT, VA 22577	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARIA SKURATOVSKAYA TITLE: DIRECTOR ADDRESS: 815 DIXON STREET CITY/ST/ZIP/CO: JUNEAU, AK 99801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANE MORRISS GARLAND TITLE: DIRECTOR ADDRESS: 2645 OLD CIFAX ROAD CITY/ST/ZIP/CO: GOODE, VA 24556-2844	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. PETTUS LECOMPTE DIRECTOR 906 WESTOVER ROAD RICHMOND, VA 23220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN COURTLAND PECK DIRECTOR 15641 E. SUNFLOWER DRIVE FOUNTAIN HILLS, AZ 85268	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLINE L. BALDWIN DIRECTOR 2317 CHARLOTTE DRIVE CHARLOTTE, NC 28203	<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/ LUCILE WARE MCCARTHY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LUCILE WARE MCCARTHY, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/18/2013 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.			