

1.) CORPORATION NAME:

FRIED COMPANIES, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LISA A. HAWKINS, ESQ
90 NORTH MAIN STREET, SUITE 201
P.O. BOX 1287**

SCC ID NO: **01818632**

HARRISONBURG, VA 22803

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5924 FRIED FARM ROAD

CITY/ST/ZIP: CROZET, VA 22932

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:	STEVE JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. BOX 762		
CITY/ST/ZIP/CO:	RUCKERSVILLE, VA 22968		

NAME:	DAVID M LESSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR EXEC VP		
ADDRESS:	4859 MUDDLER WAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	STEVEN J ROTTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO/T		
ADDRESS:	2220 TYLER PLACE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	LISA E WEAVER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	4859 MUDDLER WAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	HEATHER J WALTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC/ASST T		
ADDRESS:	5445 HILLTOP STREET		
CITY/ST/ZIP/CO:	CROZET, VA 22932		

NAME:	VICKI SHIFFLETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	5924 FRIED FARM ROAD		
CITY/ST/ZIP/CO:	CROZET, VA 22932		

NAME:	BARBARA J FRIED	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHAIRMAN		
ADDRESS:	5924 FRIED FARM ROAD		
CITY/ST/ZIP/CO:	CROZET, VA 22932		

NAME:	LEAH R FRIED SEDWICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	392 NORTH WASHINGTON STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

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/ STEVE JONES	STEVE JONES, PRESIDENT	2/5/2013
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.