

1.) CORPORATION NAME:

THE SMITH CLUB OF CHARLOTTESVILLE

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
ELIZABETH H WOODARD
2421 IVY ROAD
PO BOX 438**

SCC ID NO: **01937879**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHARLOTTESVILLE, VA 22902

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2421 IVY RD
POB 438

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902-

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: SABINA MILBANK
TITLE: CO PRES
ADDRESS: 100 TALLY HO DR
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

DIRECTOR

NAME: ROBIN STAFFORD
TITLE: CO PRES
ADDRESS: 419 FOURTH ST NE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: CAMILYN K LEONE
TITLE: TREASURER
ADDRESS: 511 HALF MILE BRANCH ROAD
CITY/ST/ZIP/CO: CROZET, VA 22932-

OFFICER

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/ CAMILYN K LEONE

CAMILYN K LEONE, TREASURER

2/20/2012

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.