

1.) CORPORATION NAME:

**THE COUNTRY VINTNER, INC.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **02082949**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12305 N. LAKERIDGE PKWY

CITY/ST/ZIP: ASHLAND, VA 23005

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:           | DAVID B TOWNSEND   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRES/CEO           |   |  |
| ADDRESS:        | 2401 NARVIK CT     |   |  |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23233 |   |  |

|                 |                          |   |  |
|-----------------|--------------------------|---|--|
| NAME:           | DEAN FERRELL             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VP/CFO                   |   |  |
| ADDRESS:        | 5924 BROOKEMEADE TERRACE |   |  |
| CITY/ST/ZIP/CO: | GLEN ALLEN, VA 23059     |   |  |

|                 |                        |   |                                   |
|-----------------|------------------------|---|-----------------------------------|
| NAME:           | MICHAEL COLLIER        | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | Vice President         |   |                                   |
| ADDRESS:        | 12305 N LAKERIDGE PKWY |   |                                   |
| CITY/ST/ZIP/CO: | ASHLAND, VA 23005      |   |                                   |

|                 |                        |   |                                   |
|-----------------|------------------------|---|-----------------------------------|
| NAME:           | RICHARD GLIOT          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT         |   |                                   |
| ADDRESS:        | 12305 N LAKERIDGE PKWY |   |                                   |
| CITY/ST/ZIP/CO: | ASHLAND, VA 23005      |   |                                   |

|                 |                        |   |                                   |
|-----------------|------------------------|---|-----------------------------------|
| NAME:           | MICHAEL SHEPHERD       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT         |   |                                   |
| ADDRESS:        | 12305 N LAKERIDGE PKWY |   |                                   |
| CITY/ST/ZIP/CO: | ASHLAND, VA 23005      |   |                                   |

|                 |                                   |   |                                   |
|-----------------|-----------------------------------|---|-----------------------------------|
| NAME:           | Peter W Klein                     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                         |   |                                   |
| ADDRESS:        | 225 NE Mizner Boulevard           |   |                                   |
| CITY/ST/ZIP/CO: | Suite 700<br>Boca Raton, FL 33432 |   |                                   |

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.

|   |                                  |                  |
|---|----------------------------------|------------------|
| <u>/s/ Peter WKlein</u>                             | <u>Peter WKlein,</u>             | <u>8/23/2012</u> |
| 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.