

1.) CORPORATION NAME:

**BLUE RIDGE AREA FOOD BANK, INC.**

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
STEVEN D BROWN  
951 E BYRD ST  
RICHMOND, VA 23219**

SCC ID NO: **02122158**

5.) STOCK INFORMATION

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

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 96 LAUREL HILL RD  
P O BOX 937

CITY/ST/ZIP: VERONA, VA 24482-0937

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RONALD E MORRIS	
TITLE:	CHIEF OPERATING	
ADDRESS:	96 LAUREL HILL ROAD P O BOX 937	
CITY/ST/ZIP/CO:	VERONA, VA 24482-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LAWRENCE M ZIPPIN	
TITLE:	CHIEF EXECUTIVE	
ADDRESS:	96 LAUREL HILL ROAD P O BOX 937	
CITY/ST/ZIP/CO:	VERONA, VA 24482-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DENISE C CLAYTON	
TITLE:	DIRECTOR	
ADDRESS:	13865 SUNRISE VALLEY DRIVE HERNDON	
CITY/ST/ZIP/CO:	VIRGINIA, VA 20171-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL GRELLER	
TITLE:	DIRECTOR	
ADDRESS:	220 ZAN ROAD	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAWN M METZ	
TITLE:	DIRECTOR	
ADDRESS:	700 MAIN ST	
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24504-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER A POIROT DIRECTOR 57 SOUTH MAIN ST SUITE 507 HARRISONBURG, VA 22801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SMAIL DIRECTOR 215 OVERLOOK ROAD STAUNTON, VA 24401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN M MYERS CHIEF GOV OFF 8368 BROOKSVILLE ROAD GREENWOOD, VA 22943-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH F NEWBOLD JR DIRECTOR MSC 4111 ISAT CS BLDG ROOM 360 HARRISBURG, VA 22807-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A. DOWNEY SECRETARY P.O. BOX 80 WEYERS CAVE, VA 24486-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS TIMMERMAN VICE CF GOV OFF 1091 ST JOHN ROAD GORDONSVILLE, VA 22942-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E KOEHLER CHIEF FINANCIAL 96 LAUREL HILL ROAD P.O. BOX 937 VERONA, VA 24482-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL L. MCKEE CF PLAN/PHI OFF 96 LAUREL HILL RD P O BOX 937 VERONA, VA 24482-	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ JOHN E KOEHLER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOHN E KOEHLER, CHIEF  FINANCIAL</u> PRINTED NAME AND CORPORATE TITLE	<u>11/16/2011</u> DATE
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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.