

1.) CORPORATION NAME: **BLUE RIDGE AREA FOOD BANK, INC.** DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **DAVID W. THOMAS** SCC ID NO: **02122158**

**MICHIEHAMLETT, ATTORNEYS AT LAW** 5.) STOCK INFORMATION  
**500 COURT SQUARE, SUITE 300** CLASS AUTHORIZED

**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: 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.

NAME:	JOHN A. DOWNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHIEF GOV		
ADDRESS:	P.O. BOX 80		
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486		

NAME:	SUSAN M MYERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHIEF GOV OFF		
ADDRESS:	8368 BROOKSVILLE ROAD		
CITY/ST/ZIP/CO:	GREENWOOD, VA 22943		

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

NAME:	LYNN MENTZER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8339 LANGHORNE RD.		
CITY/ST/ZIP/CO:	SCOTTSVILLE, VA 24590		

NAME:	LYNN S POWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	JAMES MADISON UNIVERSITY		
CITY/ST/ZIP/CO:	MSC 5504 HARRISONBURG, VA 22807		

NAME:	KAREN WIGGINTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1056 BLUE MOUNTAIN COURT		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		

NAME: JOYCE L COLEMON TITLE: DIRECTOR ADDRESS: 2809 VILLAGE DRIVE CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD C MAYO TITLE: DIRECTOR ADDRESS: 1702 BANYAN COURT CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT J SACK TITLE: DIRECTOR ADDRESS: 6801 HEARDS MOUNTAIN ROAD CITY/ST/ZIP/CO: COVESVILLE, VA 22931	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENISE C CLAYTON TITLE: DIRECTOR ADDRESS: 13865 SUNRISE VALLEY DRIVE CITY/ST/ZIP/CO: 4TH FLOOR HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE M ZIPPIN TITLE: CEO ADDRESS: 96 LAUREL HILL RD CITY/ST/ZIP/CO: VERONA, VA 24482	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RONALD E MORRIS TITLE: COO ADDRESS: 96 LAUREL HILL ROAD CITY/ST/ZIP/CO: VERONA, VA 24482	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN E KOEHLER TITLE: CFO ADDRESS: 96 LAUREL HILL ROAD CITY/ST/ZIP/CO: VERONA, VA 24482	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL L MCKEE TITLE: CF PLAN/PHI OFF ADDRESS: 96 LAUREL HILL ROAD CITY/ST/ZIP/CO: 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.		
/s/ JOHN E KOEHLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN E KOEHLER, CFO PRINTED NAME AND CORPORATE TITLE	12/10/2012 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.		