

1.) CORPORATION NAME:

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

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID W. THOMAS  
MICHIEHAMLETT, ATTORNEYS AT LAW  
500 COURT SQUARE, SUITE 300**

SCC ID NO: **02122158**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**CHARLOTTESVILLE, VA**

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:	CHIEF GOV OFF		
ADDRESS:	P.O. BOX 80		
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486		

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

NAME:	JOHN E KOEHLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	96 LAUREL HILL ROAD		
CITY/ST/ZIP/CO:	VERONA, VA 24482		

NAME:	MICHAEL L MCKEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	96 LAUREL HILL ROAD		
CITY/ST/ZIP/CO:	VERONA, VA 24482		

NAME:	RONALD E MORRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	96 LAUREL HILL ROAD		
CITY/ST/ZIP/CO:	VERONA, VA 24482		

NAME:	JOYCE L COLEMON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2809 VILLAGE DRIVE		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		

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: LYNN MENTZER TITLE: VICE CHIEF GOV ADDRESS: 8339 LANGHORNE RD. CITY/ST/ZIP/CO: SCOTTSVILLE, VA 24590	<input checked="" 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: KAREN WIGGINTON TITLE: DIRECTOR ADDRESS: 1056 BLUE MOUNTAIN COURT CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN RATZLAFF TITLE: CHIEF PHIL OFF ADDRESS: 96 LAUREL HILL RD. CITY/ST/ZIP/CO: VERONA, VA 24482-0937	<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	12/12/2013 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.		