

1.) CORPORATION NAME:

**RIVES C. MINOR AND ASALIE M. PRESTON
EDUCATIONALFUND, INC.**

DUE DATE: **12/30/2010**

SCC ID NO: **02361715**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
GARRETT M. SMITH
100 COURT SQUARE ANNEX, SUITE A
CHARLOTTESVILLE, VA 22902**

5.) STOCK INFORMATION

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

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 302 PARK STREET
PO BOX 274

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: BRIAN MENARD
TITLE: EXEC DIRECTOR
ADDRESS: PO BOX 274
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: KEITH CARTER
TITLE: DIRECTOR
ADDRESS: 1531 WEBLAND DRIVE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

DIRECTOR

NAME: JOHN GAINES
TITLE: DIRECTOR
ADDRESS: 214 9TH ST NW
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: MARGARET LITTLEPAGE
TITLE: DIRECTOR
ADDRESS: 3915 CREEKWOOD PLACE
CITY/ST/ZIP/CO: EARLYSVILLE, VA 22936-

OFFICER

DIRECTOR

NAME: EDITH WHEELER
TITLE: PRESIDENT
ADDRESS: 398 KESWICK GLEN DRIVE
CITY/ST/ZIP/CO: KESWICK, VA 22947-

OFFICER

DIRECTOR

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|--|---|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | YVONNE BROWN DIRECTOR 84 OAK FOREST CIRCLE CHARLOTTTESVILLE, VA 22901- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|----------------------------------|--|

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RENATA GERMINO SECRETARY 520 EIGHTH ST. NE CHARLOTTTESVILLE, VA 22902- | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|---|--|

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|--|--|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SYLVIA TERRY DIRECTOR 117 DORSET CT CHARLOTTTESVILLE, VA 22911- | <input type="checkbox"/> OFFICER | <input checked="" 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.

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|---|------------------------------------|-------------------|
| <u>/s/ BRIAN MENARD</u> | <u>BRIAN MENARD, EXEC DIRECTOR</u> | <u>11/19/2010</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.