

1.) CORPORATION NAME: **MENDISADD, INCORPORATED** DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **HERMAN B. WALKER**
P.O. BOX 1136
EXMORE, VA 23350 SCC ID NO: **02785756**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 453
CITY/ST/ZIP: NASSAWADOX, VA 23413

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: DEE N. FITCH TITLE: SECRETARY ADDRESS: 35255 PINE COVE CIRCLE CITY/ST/ZIP/CO: BELLE HAVEN, VA 23306	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SPENCER MURRAY TITLE: TREASURER ADDRESS: 8429 DENWOOD RD CITY/ST/ZIP/CO: FRANKTOWN, VA 23364	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SALLYE DUKES TITLE: CHAIRPERSON ADDRESS: 4136 SUNNYWOOD DR CITY/ST/ZIP/CO: CHINCOTEAGUE, VA 23336	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRAVIS BRADLEY TITLE: VICE CHAIRMAN ADDRESS: PO BOX 188 CITY/ST/ZIP/CO: ACCOMAC, VA 23301	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GINA CROCKETT TITLE: DIRECTOR ADDRESS: 19130 GREENWAY CIRCLE CITY/ST/ZIP/CO: ONANCOCK, VA 23417	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REV. JAMES E. DAVIS TITLE: DIRECTOR ADDRESS: 533 MASON AVENUE CITY/ST/ZIP/CO: CAPE CHARLES, VA 23310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARVA LIN ANNIS DIRECTOR 28217 HARBOR ROAD MELFA, VA 23410	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. JOHN D. OGRAM DIRECTOR 3299 MALLARD LANE MACHIPONGO, VA 23405	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BERRAN ROGERS DIRECTOR P. O. BOX 238 PAINTER, VA 23420	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. MARK F. FREEZE EXEC. DIRECTOR P. O. BOX 453 NASSAWADOX, VA 23413	<input checked="" 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.			
/s/ DEE N. FITCH	DEE N. FITCH, SECRETARY	12/18/2012	
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.			