

1.) CORPORATION NAME: **MENDISADD, INCORPORATED** DUE DATE: **11/30/2013**

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

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: JOAN WILSON TITLE: DIRECTOR ADDRESS: 31250 BOSTON ROAD CITY/ST/ZIP/CO: PAINTER, VA 23420	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRAVIS BRADLEY TITLE: CHAIRMAN ADDRESS: PO BOX 188 CITY/ST/ZIP/CO: ACCOMAC, VA 23301	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SALLYE DUKES TITLE: DIRECTOR ADDRESS: 4136 SUNNYWOOD DR CITY/ST/ZIP/CO: CHINCOTEAGUE, VA 23336	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEE N. FITCH TITLE: TREASURER ADDRESS: 35255 PINE COVE CIRCLE CITY/ST/ZIP/CO: BELLE HAVEN, VA 23306	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DR. MARK F. FREEZE TITLE: EXEC. DIRECTOR ADDRESS: P. O. BOX 453 CITY/ST/ZIP/CO: NASSAWADOX, VA 23413	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARVA LIN ANNIS TITLE: SECRETARY ADDRESS: 28217 HARBOR ROAD CITY/ST/ZIP/CO: MELFA, VA 23410	<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: VICE CHAIRMAN ADDRESS: 533 MASON AVENUE CITY/ST/ZIP/CO: CAPE CHARLES, VA 23310	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DR. JOHN D. OGRAM TITLE: DIRECTOR ADDRESS: 3299 MALLARD LANE CITY/ST/ZIP/CO: MACHIPONGO, VA 23405	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD HUBBARD TITLE: DIRECTOR ADDRESS: P. O. BOX 328 CITY/ST/ZIP/CO: EASTVILLE, VA 23347	<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.		
/s/ DR. MARK F. FREEZE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DR. MARK F. FREEZE, EXEC. DIRECTOR PRINTED NAME AND CORPORATE TITLE	11/26/2013 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.		