

1.) CORPORATION NAME:

MENDISADD, INCORPORATED

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HERMAN B. WALKER
P.O. BOX 1136
EXMORE, VA**

SCC ID NO: **02785756**

5.) STOCK INFORMATION

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| 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.

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|-----------------|------------------------|---|--|
| NAME: | DEE N. FITCH | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 35255 PINE COVE CIRCLE | | |
| CITY/ST/ZIP/CO: | BELLE HAVEN, VA 23306 | | |
| NAME: | MARVA LIN ANNIS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 28217 HARBOR ROAD | | |
| CITY/ST/ZIP/CO: | MELFA, VA 23410 | | |
| NAME: | TRAVIS BRADLEY | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | PO BOX 188 | | |
| CITY/ST/ZIP/CO: | ACCOMAC, VA 23301 | | |
| NAME: | REV. JAMES E. DAVIS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE CHAIRMAN | | |
| ADDRESS: | 533 MASON AVENUE | | |
| CITY/ST/ZIP/CO: | CAPE CHARLES, VA 23310 | | |
| NAME: | DR. MARK F. FREEZE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | EXEC. DIRECTOR | | |
| ADDRESS: | P. O. BOX 453 | | |
| CITY/ST/ZIP/CO: | NASSAWADOX, VA 23413 | | |
| NAME: | GINA CROCKETT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 19130 GREENWAY CIRCLE | | |
| CITY/ST/ZIP/CO: | ONANCOCK, VA 23417 | | |

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| 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: 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 |
| 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: JOAN WILSON TITLE: DIRECTOR ADDRESS: 31250 BOSTON ROAD CITY/ST/ZIP/CO: PAINTER, VA 23420 | <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 | 7/22/2014 _____ 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. | | |