

1.) CORPORATION NAME:

NORFOLK & WESTERN HISTORICAL SOCIETY, INC.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM G MCCLURE III
9000 BRIERYLE RD
RICHMOND, VA 23229-7764**

SCC ID NO: **03110186**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 13908

CITY/ST/ZIP: ROANOKE, VA 24038-3908

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: RONALD E DAVIS TITLE: PRESIDENT ADDRESS: 5122 HARVEST RIDGE RD CITY/ST/ZIP/CO: ROANOKE, VA 24019-6016	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM G MCCLURE TITLE: VICE PRESIDENT ADDRESS: 9000 BRIERYLE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23229-7764	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID R LUGAR TITLE: SECRETARY ADDRESS: 100 BETHEL CHURCH ROAD CITY/ST/ZIP/CO: MT PLEASANT, NC 28124	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: FRANK BONGIOVANNI TITLE: DIRECTOR ADDRESS: 5573 PHEASANTS WALK CITY/ST/ZIP/CO: NORTH OLMSTED, OH 44070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James T Flynn TITLE: TREASURER ADDRESS: 960 Coalwood Way CITY/ST/ZIP/CO: Blacksburg, VA 24060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LEWIS I JEFFRIES TITLE: CHAIRMAN ADDRESS: 9 WILDERNESS ROAD CITY/ST/ZIP/CO: RADFORD, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alex P Schust Jr DIRECTOR 286 Prince Lane Harwood, MD 20776	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gary D Rolih DIRECTOR 4 Sheldon Close Mariemont, OH 45227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert G Bowers DIRECTOR 1047 Mattie Drive Roanoke, VA 24012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Larry S Evans DIRECTOR 2727 Mill Branch Rd Kenova, WV 25530	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Edwin A Painter Jr DIRECTOR 1810 W 3rd Ct Russellville, AR 72801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W Calvin Reynolds DIRECTOR 2919 Camp Circle Winston-Salem, NC 27106	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Roger A Link DIRECTOR 668 Goodwins Ferry Rd Newport, VA 24128	<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/ RONALD E DAVIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD E DAVIS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/13/2012 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.			