

1.) CORPORATION NAME: THE DANIEL G. VAN CLIEF FRIENDLY FUND	DUE DATE: 4/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS M HANCHER 1658 STATE FARM BLVD, #A CHARLOTTESVILLE, VA	SCC ID NO: 03198348
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 8

CITY/ST/ZIP: ESMONT, VA 22937

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: DANIEL G VAN CLIEF JR TITLE: PRESIDENT ADDRESS: PO BOX 8 CITY/ST/ZIP/CO: ESMONT, VA 22937	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BARRY R VAN CLIEF TITLE: DIRECTOR ADDRESS: 15801 SW 79TH COURT CITY/ST/ZIP/CO: MIAMI, FL 33157	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: J COURTLANDT VAN CLIEF TITLE: DIRECTOR ADDRESS: Old Hall CITY/ST/ZIP/CO: 354 Harrison Street Scottsville, VA 24590	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ALAN S VAN CLIEF TITLE: DIRECTOR ADDRESS: 2315 FAIRWAY LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<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/ BARRY R VAN CLIEF	BARRY R VAN CLIEF, DIRECTOR	4/15/2013
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.