

1.) CORPORATION NAME:

**FRIENDS OF THE SALEM LIBRARY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**STEPHEN M. YOST**

**110 EAST FIRST STREET  
SALEM, VA 24153**

DUE DATE: **8/31/2011**

SCC ID NO: **03257748**

5.) STOCK INFORMATION

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

**SALEM CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 28 E MAIN STREET

CITY/ST/ZIP: SALEM, VA 24153-

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: CHRIS GLADDEN  
TITLE: PRESIDENT  
ADDRESS: 520 N MARKET ST  
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER

DIRECTOR

NAME: KEN SOSNOWSKI  
TITLE: VICE PRESIDENT  
ADDRESS: 2004 MILLSTREAM DR  
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER

DIRECTOR

NAME: JOYCE FOSTER  
TITLE: TREASURER  
ADDRESS: 342 HIGH STREET  
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER

DIRECTOR

NAME: CHARLES DRAPER  
TITLE: DIRECTOR  
ADDRESS: 172 BOGEY LN  
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER

DIRECTOR

NAME: SUSAN AHALT  
TITLE: SECRETARY  
ADDRESS: 1123 LYNCHBURG TPKE  
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARA AHALT DIRECTOR 1123 LYNCHBURG TPKE SALEM, VA 24153-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. ROBERT E. PAINE, JR. DIRECTOR 808 CHERRYWOOD RD SALEM, VA 24153-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. ROBERT L. MCCLANAHAN, JR. DIRECTOR 647 FERNWOOD DR SALEM, VA 24153-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HELEN T. ROBERTSON DIRECTOR 643 FERNWOOD DR SALEM, VA 24153-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTY WALDRON DIRECTOR 2511 GATE HOUSE LN SALEM, VA 24153-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JOYCE FOSTER	JOYCE FOSTER, TREASURER	7/11/2011
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.