

1.) CORPORATION NAME:

FRIENDS OF THE SALEM LIBRARY

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEPHEN M. YOST
110 EAST FIRST STREET
SALEM, VA**

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:	KEN SOSNOWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2004 MILLSTREAM DR		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	CHARLES DRAPER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1726 KINGSMILL DR		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	SUSAN AHALT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1123 LYNCHBURG TPKE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	JOYCE FOSTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	342 HIGH STREET		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	SARA AHALT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1123 LYNCHBURG TPKE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	DR. ROBERT E. PAINE, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 CHERRYWOOD RD		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME: HELEN T. ROBERTSON TITLE: DIRECTOR ADDRESS: 643 FERNWOOD DR CITY/ST/ZIP/CO: SALEM, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETTY WALDRON TITLE: DIRECTOR ADDRESS: 2511 GATE HOUSE LN CITY/ST/ZIP/CO: SALEM, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS GLADDEN TITLE: DIRECTOR ADDRESS: 520 N MARKET ST CITY/ST/ZIP/CO: SALEM, VA 24153	<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/ JOYCE FOSTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOYCE FOSTER, TREASURER PRINTED NAME AND CORPORATE TITLE	7/19/2013 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.		