

1.) CORPORATION NAME:

The George Washington Society of Washington and Lee University

DUE DATE: **1/31/2012**

SCC ID NO: **03340171**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
JAMES W. JENNINGS, JR.
10 SOUTH JEFFERSON ST., STE. 1400
P.O. BOX 14125**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ROANOKE, VA 24038-4125

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: WASHINGTON ST

CITY/ST/ZIP: LEXINGTON, VA 24450-

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 T BALFOUR
TITLE: DIRECTOR
ADDRESS: 211 RALSTON ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23229-

OFFICER DIRECTOR

NAME: LEROY C ATKINS,II
TITLE: AST SEC
ADDRESS: 515 JAKCSON AVENUE
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER DIRECTOR

NAME: J THAD ELLIS II
TITLE: VICE PRESIDENT
ADDRESS: 5109 NORTH IVY RD
CITY/ST/ZIP/CO: ATLANTA, GA 30342-

OFFICER DIRECTOR

NAME: WILLIAM E. GARRISON III
TITLE: PRESIDENT
ADDRESS: 519 GREENE RIDGE ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23229-

OFFICER DIRECTOR

NAME: G. ARCHER FRIERSON II
TITLE: DIRECTOR
ADDRESS: 10985 HARTS ISLAND ROAD
CITY/ST/ZIP/CO: SHREVEPORT, LA 71115-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BURT B. STANIAR DIRECTOR 907 FIFTH AVENUE APARTMENT 7-D NEW YORK, NY 10021-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM P. WALLACE DIRECTOR 3125 SOMERSET STREET, SW ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL L. HOSHALL DIRECTOR 6704 NORTH RIVER DRIVE MIDDLE RIVER, MD 21220-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A. MERIWETHER DIRECTOR 816 GREAT CUMBERLAND RD. MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. THEODORE VAN LEER DIRECTOR 207 PAXTON STREET LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NAN ROBERTSON CLARKE DIRECTOR 919 HARVARD PLACE CHARLOTTE, NC 28207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W. FOLSOM DIRECTOR 1135 GLENWOOD COURT COLUMBIA, SC 29204-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE C. PERRY, JR. DIRECTOR 1209 WOODROW AVENUE WAYNESBORO, VA 22980-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID D. REDMOND SECRETARY 6317 RIDGEWAY ROAD RICHMOND, VA 23226-	<input checked="" 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.			
<u>/s/ LEROY C ATKINS,II</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>LEROY C ATKINS,II, AST SEC</u> PRINTED NAME AND CORPORATE TITLE	<u>12/12/2011</u> 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.			