

1.) CORPORATION NAME: GREENE COUNTY CHAMBER OF COMMERCE, INC.	DUE DATE: 3/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS G KING PO BOX 442 STANARDSVILLE, VA	SCC ID NO: 03359817
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: GREENE COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: P.O. BOX 643 CITY/ST/ZIP: RUCKERSVILLE, VA 22968	
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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: LARRY W DUDDING TITLE: PRESIDENT ADDRESS: PO BOX 643 CITY/ST/ZIP/CO: RUCKERSVILLE, VA 22968	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DARLA ROSE TITLE: VICE PRESIDENT ADDRESS: PO BOX 643 CITY/ST/ZIP/CO: RUCKERSVILLE, VA 22968	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARIANNE SHEPARD TITLE: SECRETARY ADDRESS: PO BOX 643 CITY/ST/ZIP/CO: RUCKERSVILLE, VA 22968	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KEN LAWSON TITLE: TREASURER ADDRESS: PO BOX 643 CITY/ST/ZIP/CO: RUCKERSVILLE, VA 22968	<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.

/s/ LARRY W DUDDING	LARRY W DUDDING, PRESIDENT	3/28/2013
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.