

1.) CORPORATION NAME:

**LYNELL OLIVER BAKER SCHOLARSHIP FUND, INC.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOSHUA PRETLOW, JR.  
200 North Main Street  
PO Box 1924**

SCC ID NO: **03661212**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**Suffolk, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**SUFFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 509 W WASHINGTON ST

CITY/ST/ZIP: SUFFOLK, VA 23434

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:	LYNNE B BAINES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9261 STONEGATE LANE		
CITY/ST/ZIP/CO:	RHOADESVILLE, VA 22542		

NAME:	MARTHA KAY KINSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401 BOSLEY AVE		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		

NAME:	FRANK A SPADY III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1013 W WASHINGTON ST		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		

NAME:	PAIGE HILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	309 BOSLEY AVENUE		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		

NAME:	EMILY KNICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	141 SEASIDE LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		

NAME:	LEE BAINES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4465 TRUE BLUE ROAD		
CITY/ST/ZIP/CO:	CULPEPPER, VA 22701		

NAME: LYNN B CROSS TITLE: PRESIDENT ADDRESS: 409 FOREST HILL CRESCENT CITY/ST/ZIP/CO: SUFFOLK, VA 23434	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHAEL D KINSEY TITLE: DIRECTOR ADDRESS: 100 LONGVIEW CIRCLE CITY/ST/ZIP/CO: SMITHFIELD, VA 23430	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BLAIR HINES TITLE: DIRECTOR ADDRESS: 10204 SLIDINGROCK DRIVE CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116	<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/ FRANK A SPADY III	FRANK A SPADY III, TREASURER	10/22/2013		
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.				