

1.) CORPORATION NAME: FRIENDS OF THE BLUE RIDGE REGIONAL LIBRARIES, INC.	DUE DATE: 1/31/2014 SCC ID NO: 03702941		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOANN PHILPOTT 557 CEDAR HILL BASSETT, VA	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRY COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: P O BOX 3967 CITY/ST/ZIP: MARTINSVILLE, VA 24115-3967	
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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: ELMER HALL TITLE: PRESIDENT ADDRESS: P O BOX 3967 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24115	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BETTY SCOTT TITLE: TREASURER ADDRESS: P O BOX 3967 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24115	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ELVA ADAMS TITLE: SECRETARY ADDRESS: P O BOX 3967 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24115	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JO ANN PHILPOTT TITLE: DIRECTOR ADDRESS: P O BOX 3967 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24115	<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/ BETTY SCOTT	BETTY SCOTT, TREASURER	6/1/2014
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.