

1.) CORPORATION NAME:

The Urbanna Oyster Festival Foundation

DUE DATE: **3/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
KATHLEEN M HALL
300 VIRGINIA ST
PO BOX 278**

SCC ID NO: **03729860**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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URBANNA, VA 23175

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MIDDLESEX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: DRAWER C

CITY/ST/ZIP: URBANNA, VA 23175-

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:	ERIC FAUDREE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	PO BOX 475		
CITY/ST/ZIP/CO:	URBANNA, VA 23175-		
NAME:	ROBERT HENKEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 434		
CITY/ST/ZIP/CO:	URBANNA, VA 23175-0434		
NAME:	CHARLES M BRISTOW JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 22		
CITY/ST/ZIP/CO:	URBANNA, VA 23175-		
NAME:	WALTER B HURLEY JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 585		
CITY/ST/ZIP/CO:	URBANNA, VA 23175-		
NAME:	ROGER ANGLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 452		
CITY/ST/ZIP/CO:	URBANNA, VA 23175-		

NAME: HEATH BRAY TITLE: DIRECTOR ADDRESS: PO BOX 922 CITY/ST/ZIP/CO: URBANNA, VA 23175-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BILL BRIDGEFORTH TITLE: DIRECTOR ADDRESS: 246 VIRGINIA ST CITY/ST/ZIP/CO: URBANNA, VA 23175-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOE HEYMAN TITLE: DIRECTOR ADDRESS: PO BOX 758 CITY/ST/ZIP/CO: URBANNA, VA 23175-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEE CHEWNING TITLE: DIRECTOR ADDRESS: PO BOX 351 CITY/ST/ZIP/CO: URBANNA, VA 23175-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL HURD TITLE: DIRECTOR ADDRESS: PO BOX 457 CITY/ST/ZIP/CO: SALUDA, VA 23149-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: R.D. JOHNSON TITLE: DIRECTOR ADDRESS: PO BOX 1019 CITY/ST/ZIP/CO: URBANNA, VA 23175-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE FUCCELLA TITLE: DIRECTOR ADDRESS: PO BOX 188 CITY/ST/ZIP/CO: URBANNA, VA 23175-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHIC SILVER TITLE: DIRECTOR ADDRESS: PO BOX 370 CITY/ST/ZIP/CO: URBANNA, VA 23175-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KATHLEEN M HALL TITLE: SEC/TREAS ADDRESS: PO BOX 278 CITY/ST/ZIP/CO: URBANNA, VA 23175-	<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/ KATHLEEN M HALL	KATHLEEN M HALL, SEC/TREAS	4/28/2011
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.