

1.) CORPORATION NAME:

The Urbanna Oyster Festival Foundation

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **03729860**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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URBANNA, VA

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:	KATHLEEN M HALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	PO BOX 278		
CITY/ST/ZIP/CO:	URBANNA, VA 23175		
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:	JOE HEYMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 758		
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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 922		
CITY/ST/ZIP/CO:	URBANNA, VA 23175		
NAME:	BILL BRIDGEFORTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	246 VIRGINIA ST		
CITY/ST/ZIP/CO:	URBANNA, VA 23175		

NAME: CHARLES M BRISTOW JR TITLE: DIRECTOR ADDRESS: PO BOX 22 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: LAWRENCE FUCELLA TITLE: DIRECTOR ADDRESS: PO BOX 188 CITY/ST/ZIP/CO: URBANNA, VA 23175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT HENKEL TITLE: DIRECTOR ADDRESS: PO BOX 434 CITY/ST/ZIP/CO: URBANNA, VA 23175-0434	<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: WALTER B HURLEY JR TITLE: DIRECTOR ADDRESS: PO BOX 585 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: DOLLY THRIFT TITLE: DIRECTOR ADDRESS: PO BOX 400 CITY/ST/ZIP/CO: URBANNA, VA 23175	<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/ KATHLEEN M HALL	KATHLEEN M HALL, SEC/TREAS	4/25/2013
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.