

1.) CORPORATION NAME:

HOBE, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT E. SEVILA
30 N. King Street
P. O. Box 678**

SCC ID NO: **03870169**

Leesburg, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 124

CITY/ST/ZIP: PAEONIAN SPRINGS, VA 20129

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:	BRUCE ENGEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/TREAS		
ADDRESS:	PO BOX 124		
CITY/ST/ZIP/CO:	PAEONIAN SPRINGS, VA 20129		
NAME:	SHARON S OVERTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	530 MEMORIAL HWY		
CITY/ST/ZIP/CO:	FLEETWOOD, PA 19522		
NAME:	DWIGHT B ENGEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	22099 WATER RUN CT		
CITY/ST/ZIP/CO:	ASHBURN, VA 20148		
NAME:	C. GREGG WELLBORN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9570 ROBINSON FARM RD		
CITY/ST/ZIP/CO:	OOLTEWAN, TN 37363		
NAME:	ESTHER M WOLCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	534 MEMORIAL HWY		
CITY/ST/ZIP/CO:	FLEETWOOD, PA 19522		
NAME:	Joy C Sorensen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	466 Fair Meadows Blvd		
CITY/ST/ZIP/CO:	Hagerstown, MD 21740		

NAME: Starla M Overton TITLE: DIRECTOR ADDRESS: 530 Memorial Hwy CITY/ST/ZIP/CO: Fleetwood, PA 19522	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Heather A Barcelow TITLE: DIRECTOR ADDRESS: 6686 Vermont Rt 14 CITY/ST/ZIP/CO: South Royalton, VT 05068	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Ryan G Wellborn TITLE: DIRECTOR ADDRESS: 9570 Robinson Farm Rd CITY/ST/ZIP/CO: Ooltewah, TN 37363	<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/ BRUCE ENGEN	BRUCE ENGEN, PRES/TREAS	1/26/2014
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.		