

1.) CORPORATION NAME:

HOBE, Inc.

DUE DATE: **1/31/2016**

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.

<p>NAME: BRUCE ENGEN TITLE: PRES/TREAS ADDRESS: PO BOX 124 CITY/ST/ZIP/CO: PAEONIAN SPRINGS, VA 20129</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DWIGHT B ENGEN TITLE: VICE PRESIDENT ADDRESS: 22099 WATER RUN CT CITY/ST/ZIP/CO: ASHBURN, VA 20148</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SHARON S OVERTON TITLE: SECRETARY ADDRESS: 530 MEMORIAL HWY CITY/ST/ZIP/CO: FLEETWOOD, PA 19522</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HEATHER A BARCELOW TITLE: DIRECTOR ADDRESS: 6686 VERMONT RT 14 CITY/ST/ZIP/CO: SOUTH ROYALTON, VT 05068</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STARLA M OVERTON TITLE: DIRECTOR ADDRESS: 530 MEMORIAL HWY CITY/ST/ZIP/CO: FLEETWOOD, PA 19522</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOY C SORENSEN TITLE: DIRECTOR ADDRESS: 466 FAIR MEADOWS BLVD CITY/ST/ZIP/CO: HAGERSTOWN, MD 21740</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. GREGG WELLBORN DIRECTOR 9570 ROBINSON FARM RD OOLTEWAN, TN 37363	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RYAN G WELLBORN DIRECTOR 9570 ROBINSON FARM RD OOLTEWAH, TN 37363	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ESTHER M WOLCOTT DIRECTOR 534 MEMORIAL HWY FLEETWOOD, PA 19522	<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	12/7/2015	
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.			