

1.) CORPORATION NAME:

BAY COUNTRY, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEVEN T ROWE
STE 2 VILLAGE TRADE CTR
6549 MAIN ST / PO BOX 1188**

SCC ID NO: **03939477**

GLOUCESTER, VA 23061

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 5,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

GLOUCESTER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: VILLAGE TRADE CENTER SUITE 2
P.O. BOX 1188

CITY/ST/ZIP: GLOUCESTER, VA 23061

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: | STEVEN T. ROWE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | P.O. BOX 1188 | | |
| CITY/ST/ZIP/CO: | GLOUCESTER, VA 23061 | | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| NAME: | STEVEN T. ROWE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | P.O. BOX 1188 | | |
| CITY/ST/ZIP/CO: | GLOUCESTER, VA 23061 | | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| NAME: | STEVEN T. ROWE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | P.O. BOX 1188 | | |
| CITY/ST/ZIP/CO: | GLOUCESTER, VA 23061 | | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| NAME: | STEVEN T. ROWE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | P.O. BOX 1188 | | |
| CITY/ST/ZIP/CO: | GLOUCESTER, VA 23061 | | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| NAME: | STEVEN T. ROWE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P.O. BOX 1188 | | |
| CITY/ST/ZIP/CO: | GLOUCESTER, VA 23061 | | |

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/ STEVEN T. ROWE | STEVEN T. ROWE, PRESIDENT | 6/5/2012 |
| 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.