

1.) CORPORATION NAME:

**GREAT EASTERN PURVEYOR'S, INC.**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CLARK & BRADSHAW P.C.  
92 NORTH LIBERTY ST  
HARRISONBURG, VA**

SCC ID NO: **03952934**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 610 WEST RIO ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901

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: M A KOEBIG TITLE: PRESIDENT ADDRESS: 1296 RESORT DRIVE CITY/ST/ZIP/CO: MCGAHEYSVILLE, VA 22840	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: C. DICE HAMMER TITLE: VICE PRESIDENT ADDRESS: 610 WEST RIO ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN C. KROHN TITLE: EXECUTIVE VP ADDRESS: 610 WEST RIO RD. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARC J LANDAU TITLE: VICE PRESIDENT ADDRESS: 3015 NORTH OCEAN BLVD CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK A LITZ TITLE: VICE PRESIDENT ADDRESS: 4541 PALMER RD CITY/ST/ZIP/CO: MCGAHEYSVILLE, VA 22840	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS C WATERBURY TITLE: SEC/TREAS ADDRESS: 610 WEST RIO RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: GARRETT M. SMITH TITLE: ASST SECRETARY ADDRESS: 610 W RIO ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JAMES R. LAMBERT TITLE: DIRECTOR ADDRESS: 981 HILLSBORO MILE CITY/ST/ZIP/CO: HILLSBORO BEACH, FL 33062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ GARRETT M. SMITH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARRETT M. SMITH, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/18/2013 DATE
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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.