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| 1.) CORPORATION NAME: Friends of the Russell County Library, Inc. | DUE DATE: 4/30/2016 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SEXTON BURKETT 24 STONE DR LEBANON, VA | SCC ID NO: 04080271 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RUSSELL COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

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| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 248 W MAIN ST P O BOX 247 CITY/ST/ZIP: LEBANON, VA 24266 | |
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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.

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|-----------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: CAROLYN PUCKETT | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 10725 REDBUD HWY | | | | |
| CITY/ST/ZIP/CO: HONAKER, VA 24260 | | | | |

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|-----------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: BARBARA LOCKHART | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT | | | | |
| ADDRESS: 857 REDBUD HIGHWAY | | | | |
| CITY/ST/ZIP/CO: HONAKER, VA 24260 | | | | |

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|-----------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: BARRY ABROMOVAGE | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: 245 E. MAIN ST | | | | |
| CITY/ST/ZIP/CO: LEBANON, VA 24266 | | | | |

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|-----------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: YVONNE DYE | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 1445 HERITAGE DRIVE | | | | |
| CITY/ST/ZIP/CO: HONAKER, VA 24260 | | | | |

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|-----------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: SEXTON BURKETT | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 24 STONE DR | | | | |
| CITY/ST/ZIP/CO: LEBANON, VA 24266 | | | | |

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.

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| /s/ CAROLYN PUCKETT | CAROLYN PUCKETT, PRESIDENT | 4/11/2016 |
| 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.