

1.) CORPORATION NAME:

**Richmond and Westmoreland Counties Habitat
forHumanity, Inc.**

DUE DATE: **8/31/2013**

SCC ID NO: **04146890**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HAROLD LEIFER
73 MALLARD CT.
CABIN POINT**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MONTROSS, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WESTMORELAND COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 17

CITY/ST/ZIP: MOUNT HOLLY, VA 22524-0017

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: Nicholas Smith TITLE: PRESIDENT ADDRESS: P.O. Box 59 CITY/ST/ZIP/CO: Mount Holly, VA 22524	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David L Bertsch TITLE: VICE PRESIDENT ADDRESS: 92 Essex Place CITY/ST/ZIP/CO: Montross, VA 22520	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HAROLD LEIFER TITLE: TREASURER ADDRESS: 73 MALLARD CT. CITY/ST/ZIP/CO: CABIN POINT MONTROSS, VA 22520-4019	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Hulon P Fillingane TITLE: SECRETARY ADDRESS: 272 Canoe Place CITY/ST/ZIP/CO: MONTROSS, VA 22520	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Donald Ray Saunders TITLE: DIRECTOR ADDRESS: 1 Grandview Landing CITY/ST/ZIP/CO: Hague, VA 22469	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID L. BERTSCH TITLE: DIRECTOR ADDRESS: 92 ESSEX PLACE CITY/ST/ZIP/CO: MONTROSS, VA 22520	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrew R. Swaney DIRECTOR 379 Huntsman Way MONTROSS, VA 22520	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIFFANY GRAY DIRECTOR 5579 RICHMOND RD. PO BOX 35 WARSAW, VA 22572-0035	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA JEAN LEFON DIRECTOR PO BOX 1048 MONTROSS, VA 22520	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VERLANE H MACK DIRECTOR 126 WATERSIDE DRIVE WARSAW, VA 22572	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE (CASI) MUNDY DIRECTOR 15851 KINGS HIGHWAY PO BOX 1265 MONTROSS, VA 22520	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET RIFFE DIRECTOR 467 GRANDVIEW LANDING HAGUE, VA 22469	<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/ HAROLD LEIFER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HAROLD LEIFER, TREASURER PRINTED NAME AND CORPORATE TITLE	6/21/2013 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.			