

1.) CORPORATION NAME:

PURCELLVILLE LIBRARY ADVISORY BOARD, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
LEAH E. BROMSER-KLOEDEN
PURCELLVILLE LIBRARY
220 E. MAIN ST.**

PURCELLVILLE, VA 20132

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **10/29/2010**

SCC ID NO: **04170148**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PURCELLVILLE LIBRARY
220 EAST MAIN ST

CITY/ST/ZIP: PURCELLVILLE, VA 20132-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BETSY E SELF	
TITLE:	PRESIDENT	
ADDRESS:	310 E LOUDOUN VALLEY DRIVE	
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARGARET D JONES	
TITLE:	SECRETARY	
ADDRESS:	PO BOX 635	
CITY/ST/ZIP/CO:	ROUND HILL, VA 20142-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SUSAN PRYES	
TITLE:	DIRECTOR	
ADDRESS:	17372 VANNES CT.	
CITY/ST/ZIP/CO:	HAMILTON, VA 20158-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAN MADAY	
TITLE:	DIRECTOR	
ADDRESS:	18780 LINCOLN RD.	
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SVEN JOHNSON	
TITLE:	DIRECTOR	
ADDRESS:	35460 LEE DR.	
CITY/ST/ZIP/CO:	ROUND HILL, VA 20141-	

NAME: ELEANOR FISHEL TITLE: DIRECTOR ADDRESS: 19185 PINTAIL CT. CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ISABELLE DUERR TITLE: DIRECTOR ADDRESS: 16151 JONELLA FARM DR. CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ED PETERS TITLE: DIRECTOR ADDRESS: 17802 MADISON AVE. CITY/ST/ZIP/CO: HAMILTON, VA 20158-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MELISSA FRANKLIN TITLE: DIRECTOR ADDRESS: 18307 LICKEY MILL RD. CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STUART HELBLE TITLE: DIRECTOR ADDRESS: 35215 CHERRY GROVE LN. CITY/ST/ZIP/CO: ROUND HILL, VA 20141-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEAH E. BROMSER-KLOEDEN TITLE: DIRECTOR ADDRESS: 220 E. MAIN ST. CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-	<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/ LEAH E. BROMSER-KLOEDEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LEAH E. BROMSER-KLOEDEN, DIRECTOR PRINTED NAME AND CORPORATE TITLE
12/7/2010 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.	