

1.) CORPORATION NAME:

Piedmont Family Young Men's Christian Association, Inc.

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DENNIS BLANK
674 HILLSDALE DR.
STE. 4**

SCC ID NO: **04334256**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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CHARLOTTESVILLE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 674 HILLSDALE DR.
STE. 4

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.

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|-----------------|--------------------------------|---|--|
| NAME: | KURT J KRUEGER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 310 FOURTH STREET NE SUITE 300 | | |
| | PO BOX 1288 | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902 | | |

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|-----------------|---------------------------|---|--|
| NAME: | WILLIAM G WARDLE JR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 3044 BEAUMONT FARM ROAD | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22901 | | |

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|-----------------|---------------------------|---|--|
| NAME: | SUZANNE BROOKS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | OFFICER | | |
| ADDRESS: | PO BOX 9035 | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22906 | | |

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|-----------------|---------------------------|---|-----------------------------------|
| NAME: | DENNIS BLANK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CEO | | |
| ADDRESS: | 674 HILLSDALE DR. | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22901 | | |

| | | | |
|-----------------|---------------------------|----------------------------------|--|
| NAME: | RIP CATHCART | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 200 RESERVE BLVD. | | |
| | SUITE 300 | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22901 | | |

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| NAME: DAVID ERN TITLE: DIRECTOR ADDRESS: 375 GREENBRIER DR. SUITE 100 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LAWRENCE GIMPLE TITLE: DIRECTOR ADDRESS: 1690 HAWKWOOD CT. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LEE HICKS TITLE: DIRECTOR ADDRESS: 2640 N. FARMINGTON HEIGHTS CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: KRISTIN LANDIS TITLE: DIRECTOR ADDRESS: 960 WINDSOR RD. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: STEPHEN T MCLEAN TITLE: DIRECTOR ADDRESS: 503 FAULCONER DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: NORMAN OLIVER TITLE: DIRECTOR ADDRESS: 2421 HUNTINGTON RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL PAUSIC TITLE: DIRECTOR ADDRESS: 1665 GARTH GATE RD. STE. 4 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TIMOTHY REDDEN TITLE: DIRECTOR ADDRESS: 830 WINDRIFT DR. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: KATHY SLEDD TITLE: DIRECTOR ADDRESS: 1901 EMMET ST. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 | <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/ DENNIS BLANK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | DENNIS BLANK, CEO PRINTED NAME AND CORPORATE TITLE |
| 9/23/2014 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. | |