

1.) CORPORATION NAME: Hamilton's of Charlottesville, Inc.	DUE DATE: 6/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM A. HAMILTON IV 111 BOLLINGBROOK DR CHARLOTTESVILLE, VA	SCC ID NO: 04487484				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMV</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	5,000
CLASS	AUTHORIZED				
COMV	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 101 W MAIN STREET CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902	
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM A. HAMILTON, IV TITLE: PRESIDENT ADDRESS: 111 BOLLING BROOK DR CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHRYN KRISTINE ALLEN HAMILTON TITLE: DIRECTOR ADDRESS: 111 BOLLING BROOK DR CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911		

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/ WILLIAM A. HAMILTON, IV SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM A. HAMILTON, IV, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/22/2014 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.