

1.) CORPORATION NAME:

**Association of Fundraising Professionals, Virginia Piedmont
Chapter, Incorporated**

DUE DATE: **12/31/2013**

SCC ID NO: **04575858**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID NEUMEYER
513 CHURCH STREET
LYNCHBURG, VA**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LYNCHBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 12TH ST

CITY/ST/ZIP: LYNCHBURG, VA 24504

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: | JOHN STAFFORD | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | P O BOX 77 | | |
| CITY/ST/ZIP/CO: | BEDFORD, VA 24523 | | |

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|-----------------|---------------------|---|--|
| NAME: | LISA DIBBLE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | P.O. BOX 1255 | | |
| CITY/ST/ZIP/CO: | LYNCHBURG, VA 24505 | | |

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|-----------------|-------------------------------|---|--|
| NAME: | MARIE MARTIN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1010 MILLER PARK SQ., SUITE 2 | | |
| CITY/ST/ZIP/CO: | LYNCHBURG, VA 24501 | | |

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|-----------------|------------------------|---|--|
| NAME: | HARRIET WHITTEN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 401 Legacy Oaks Circle | | |
| CITY/ST/ZIP/CO: | LYNCHBURG, VA 24501 | | |

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|-----------------|---------------------|---|-----------------------------------|
| NAME: | SHANNON WATTS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | IMM PST PRES DNT | | |
| ADDRESS: | P.O. BOX 1015 | | |
| CITY/ST/ZIP/CO: | LYNCHBURG, VA 24505 | | |

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| NAME: | JEFFREY R FULGHAM | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1621 Enterprise Drive | | |
| CITY/ST/ZIP/CO: | Lynchburg, VA 24502 | | |

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|---|----------------------------------|--|
| NAME: CAROLINE HUDSON TITLE: DIRECTOR ADDRESS: 626 CHURCH ST CITY/ST/ZIP/CO: LYNCHBURG, VA 24504 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: RANDY REED TITLE: DIRECTOR ADDRESS: 1 COLLEGE ROAD CITY/ST/ZIP/CO: HAMPDEN-SYDNEY, VA 23943 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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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/ JEFFREY R FULGHAM | JEFFREY R FULGHAM, DIRECTOR | 12/30/2013 |
| 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.