

1.) CORPORATION NAME:

Williamsburg Bar Association, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**W HUNTER OLD
KAUFMAN & CANOLES PC
4801 COURTHOUSE ST STE 300**

SCC ID NO: **04599668**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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WILLIAMSBURG, VA 23188

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

JAMES CITY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: OTEY SMITH & QUARLES
485 MCLAWS CIR

CITY/ST/ZIP: WILLIAMSBURG, VA 23185

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:	W HUNTER OLD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4801 COURTHOUSE ST STE 300		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	GORDON C KLUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1321 JAMESTOWN ROAD STE 101		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	NANCY BOLASH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	224 BALLARD ST		
CITY/ST/ZIP/CO:	YORKTOWN, VA 23690		

NAME:	MATTHEW WESTCOTT SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	485 MCLAWS CIR		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	ADAM KINSMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	COUNTY ATTORNEY PO BOX 8784		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23187		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM SLEETH DIRECTOR LECLAIR RYAN 5388 DISCOVERY PARK BLVD, 3RD FL WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL REED QUARLES DIRECTOR 485 MCLAWS CIR WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W. OTEY, JR. DIRECTOR 485 MCLAWS CIR WILLIAMSBURG, VA 23185	<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/ MATTHEW WESTCOTTSMITH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATTHEW WESTCOTTSMITH, PRINTED NAME AND CORPORATE TITLE	12/13/2012 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.			