

1.) CORPORATION NAME:

RETAIL MERCHANTS FOUNDATION, INCORPORATED

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT C WOOD III
EDMUNDS & WILLIAMS
828 MAIN ST 19TH FL**

SCC ID NO: **04720454**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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LYNCHBURG, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LYNCHBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2412 LANGHORNE ROAD

CITY/ST/ZIP: LYNCHBURG, VA 24501

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: RAYNER VARSER SNEAD JR TITLE: PRESIDENT ADDRESS: 4112 PEAKLAND PLACE CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID MICHAEL SOMERS TITLE: VICE PRESIDENT ADDRESS: 1365 WOODCOCK DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GENE DOWNEY GALLAGHER TITLE: DIRECTOR ADDRESS: 1055 JEFFERSON OAKS COURT CITY/ST/ZIP/CO: FOREST, VA 24551	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES WESLEY HAMMER TITLE: DIRECTOR ADDRESS: 815 GARNETT PUMP ROAD CITY/ST/ZIP/CO: CHARLOTTE COURT HOUSE, VA 23923	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANNY GIVENS TITLE: TREASURER ADDRESS: 2336 Lakeside CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: W. BRADLEY WEAVER TITLE: DIRECTOR ADDRESS: P O BOX 3142 CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MARC A. SCHEWEL TITLE: DIRECTOR ADDRESS: P O BOX 6120 CITY/ST/ZIP/CO: LYNCHBURG, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DEBBIE MOYER MONTGOMERY TITLE: SECRETARY ADDRESS: 1515 COTTONTOWN ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input checked="" type="checkbox"/> OFFICER	<input 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/ DEBBIE MOYERMONTGOMERY	DEBBIE MOYERMONTGOMERY,	7/31/2013
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.