

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211530676

1.) CORPORATION NAME:

THE VIRGINIA COTTON GROWERS ASSOCIATION, INC.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

RICHARD D MATTOX

12580 WEST CREEK PARKWAY

PO BOX 27552

SCC ID NO: **04761995**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

RICHMOND, VA 23261

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

GOOCHLAND COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 27552

CITY/ST/ZIP: RICHMOND, VA 23261-7552

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.

OFFICER

DIRECTOR

NAME: PHILIP EDWARDS
TITLE: PRESIDENT
ADDRESS: 14220 CARROLL RIDGE ROAD
CITY/ST/ZIP/CO: SMITHFIELD, VA 23430-

OFFICER

DIRECTOR

NAME: LEWIS EVERETT III
TITLE: CHAIRMAN
ADDRESS: 19762 POPES STATION ROAD
CITY/ST/ZIP/CO: CAPRON, VA 23847-

OFFICER

DIRECTOR

NAME: JASON HODGES
TITLE: 1ST VP
ADDRESS: 1378 SOUTHAMPTON PKWY
CITY/ST/ZIP/CO: EMPORIA, VA 23847-

OFFICER

DIRECTOR

NAME: KIRK JONES
TITLE: 2ND VP
ADDRESS: 27008 LITTLE NORFOLK ROAD
CITY/ST/ZIP/CO: WINDSOR, VA 23497-

OFFICER

DIRECTOR

NAME: DAVID BOSSELMAN
TITLE: DIRECTOR
ADDRESS: 5676 OLD MYRTLE ROAD
CITY/ST/ZIP/CO: SUFFOLK, VA 23434-

NAME: PAUL ROGERS III TITLE: DIRECTOR ADDRESS: 34535 WARRIQUE ROAD CITY/ST/ZIP/CO: WAKEFIELD, VA 23888-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JON BLACK TITLE: DIRECTOR ADDRESS: 5540 ROXBURY ROAD CITY/ST/ZIP/CO: CHARLES CITY, VA 23030-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MATTHEW COVINGTON TITLE: DIRECTOR ADDRESS: 10219 FORTSVILLE ROAD CITY/ST/ZIP/CO: CAPRON, VA 23289-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RUSTY BARNES TITLE: DIRECTOR ADDRESS: 18210 BOLSTERS STORE RD CITY/ST/ZIP/CO: STONY CREEK, VA 23882-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RANDY ROBINSON TITLE: DIRECTOR ADDRESS: 2579 OTTERDAM ROAD CITY/ST/ZIP/CO: EMPORIA, VA 23487-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID LONG TITLE: DIRECTOR ADDRESS: 25160 LANKFORD HIGHWAY CITY/ST/ZIP/CO: CAPE CHARLES, VA 23310-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SPENCER NEALE JR TITLE: Secretary/Treas ADDRESS: P O BOX 27552 CITY/ST/ZIP/CO: RICHMOND, VA 23261-	<input checked="" type="checkbox"/> OFFICER <input 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/ SPENCER NEALE JR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SPENCER NEALE JR, Secretary/Treas _____ PRINTED NAME AND CORPORATE TITLE
12/29/2011 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.	