

1.) CORPORATION NAME:  
**THE MARGARET R. BAKER CHARITABLE FOUNDATION,  
INC.**

DUE DATE: **1/31/2014**

SCC ID NO: **04777447**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  
**PATICE L HOLLAND  
10 S JEFFERSON ST STE 1400  
ROANOKE, VA**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3333 HEYWOOD AVE. SW

CITY/ST/ZIP: ROANOKE, VA 24015

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:	MARK SCHREIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CHAIR		
ADDRESS:	3333 HEYWOOD AVE SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24015		

NAME:	LISA ALIFF GREENLEAF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3782 CARVINS COVE ROAD		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	MCNEIL CHESTNUT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3025 HIKING TRAIL		
CITY/ST/ZIP/CO:	RALEIGH, NC 27615		

NAME:	MIKE WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3503 CHAPARRAL DRIVE SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME:	J. DENNIS HANCOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4064 SOUTHMONT DRIVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		

NAME:	BRIAN MORGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1709 INVERNESS AVE. NE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30306		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAMERON SUMPTER DIRECTOR 3345 Somercroft Ct. SW ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY GLISSON LUCY DIRECTOR 9070 LITTLE JOSELYN DRIVE MECHANICSVILLE, VA 23116	<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/ MARK SCHREIER	MARK SCHREIER, PRES/CHAIR	1/15/2014
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.