

1.) CORPORATION NAME:

VIRGINIA PUBLIC ACCESS PROJECT, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID M POOLE
110 N MULBERRY ST
RICHMOND, VA**

SCC ID NO: **04808879**

5.) STOCK INFORMATION

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

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1472

CITY/ST/ZIP: RICHMOND, VA 23218

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: ALBERT POLLARD JR. TITLE: Chairman ADDRESS: PO BOX 508 CITY/ST/ZIP/CO: LIVELY, VA 22507	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM E. WILSON TITLE: TREASURER ADDRESS: 9017 WALDELOCK PLACE CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFF MERRIMAN TITLE: DIRECTOR ADDRESS: 3741 HEVERLEY DR CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM H. FRALIN, JR. TITLE: DIRECTOR ADDRESS: 2830 WILTON ROAD SW CITY/ST/ZIP/CO: NORFOLK, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CONAWAY HAWKINS TITLE: DIRECTOR ADDRESS: 9012 SPYGLASS HILL TURN CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARTIN JOHNSON TITLE: DIRECTOR ADDRESS: 823 E. MAIN STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	STEVE NASH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9108 WINDOVER CT		
CITY/ST/ZIP/CO:	HENRICO, VA 23229		
NAME:	NICOLE RILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	919 EAST MAIN STREET		
CITY/ST/ZIP/CO:	SUITE 1160 RICHMOND, VA 23219		
NAME:	ANN RUST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1020 MONROE STREET		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	JAY SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Vice-Chair/Sec		
ADDRESS:	50 PEAR ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223		
NAME:	CAL WHITEHEAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	28 N 8TH ST FL 2		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		
NAME:	Aneesh Chopra	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2516 N. Upland Street		
CITY/ST/ZIP/CO:	Arlington, VA 22207		
NAME:	Judith Anderson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8312 Fulham Court		
CITY/ST/ZIP/CO:	Richmond, VA 23227		
NAME:	Missy Gould	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	168 College Ave		
CITY/ST/ZIP/CO:	Danville, VA 24541		
NAME:	Lawrence Roberts	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1200 N Herndon St		
CITY/ST/ZIP/CO:	Apt 814 Arlington, VA 22201		
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/ ALBERT POLLARD JR.	ALBERT POLLARD JR., Chairman	2/24/2014	
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.			