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| 1.) CORPORATION NAME: WILLIAM T OXENHAM FOUNDATION, INCORPORATED | DUE DATE: 12/31/2012 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RON FEINMAN 801 MAIN ST 7th FLR LYNCHBURG, VA 24504 | SCC ID NO: 04950648 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LYNCHBURG CITY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: WILLIAM T OXENHAM FOUNDATION INC
3530 SKIPJACK ROAD

CITY/ST/ZIP: KINSALE, VA 22488

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.

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|------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: WILLIAM WHEELER | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: P/T | | | | |
| ADDRESS: 331 FARNHAM DR | | | | |
| CITY/ST/ZIP/CO: RICHMOND, VA 23236 | | | | |

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|--------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: WILLIAM C WHEELER | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT | | | | |
| ADDRESS: 3700 MILL WALK DRIVE | | | | |
| CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112 | | | | |

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|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: JOHN O WHEELER | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 505 8TH ST NE | | | | |
| CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902 | | | | |

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|-----------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: MATTHEW L WHEELER | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 389 COMMONWEALTH ROAD | | | | |
| CITY/ST/ZIP/CO: WAYLAND, MA 01778 | | | | |

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|---|--------------------------|---------|-------------------------------------|----------|
| NAME: JOSHUA WHEELER | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 505 8th Street NE | | | | |
| CITY/ST/ZIP/CO: Charlottesville, VA 22902 | | | | |

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.

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|---|----------------------------------|-----------|
| /s/ WILLIAM WHEELER | WILLIAM WHEELER, P/T | 1/22/2013 |
| 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.