

1.) CORPORATION NAME:

**MARYLAND AND VIRGINIA MILK PRODUCERS  
COOPERATIVE ASSOCIATION, INCORPORATED**

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

SCC ID NO: **05188651**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD T ROSSIER  
7206 ELIZABETH DR  
MCLEAN, VA**

5.) STOCK INFORMATION

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

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1985 ISAAC NEWTON SQUARE WEST

CITY/ST/ZIP: RESTON, VA 20190-5094

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:	DWAYNE MYERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	105 WESTOVER DRIVE		
CITY/ST/ZIP/CO:	ELKIN, NC 28621		

NAME:	R. STEVEN GRAYBEAL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	1ST VP		
ADDRESS:	223 MASON DIXON RD		
CITY/ST/ZIP/CO:	PEACH BOTTOM, PA 17563		

NAME:	C. RICHARD MOSEMANN, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	2ND VP		
ADDRESS:	843 SPRING RD		
CITY/ST/ZIP/CO:	WARFORDSBURG, PA 17267		

NAME:	JAY BRYANT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	1985 ISAAC NEWTON SQUARE WEST		
CITY/ST/ZIP/CO:	RESTON, VA 20190-5094		

NAME:	BARBARA CAMPBELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1985 ISAAC NEWTON SQUARE W		
CITY/ST/ZIP/CO:	RESTON, VA 20190-5094		

NAME:	LAIRD BOWMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	270 BOWMONT FARM LANE		
CITY/ST/ZIP/CO:	BOONES MILL, VA 24065		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRANSON COLTRANE DIRECTOR 7239 BRANSON MILL ROAD PLEASANT GARDEN, NC 27313	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWIN FRY DIRECTOR 9818 AUGUSTINE HERMANS HWY CHESTERTOWN, MD 21620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN HAUGH DIRECTOR 12000 COVINGTON LANE FRISCO, TX 75035	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW HOFF DIRECTOR 1200A WINTERS CHURCH ROAD NEW WINDSOR, MD 21776	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LENARD KRESGE DIRECTOR 1766 AIRPORT ROAD LOYSVILLE, PA 17047	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID POOL DIRECTOR 27 VALLEY FARM LANE ROBESONIA, PA 19551	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED ROWE DIRECTOR 362 NORMAN GRANT ROAD COLUMBIA , KY 42728	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W.W. ("MONK") SANFORD, III DIRECTOR KENWOOD LLC 14387 KENWOOD LANE ORANGE, VA 22960-0092	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN SATTERWHITE DIRECTOR 8720 BUSH RIVER ROAD NEWBERRY, SC 29180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM STONER DIRECTOR 8512 OELILIG ROAD MERCERBURG, PA 17236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAY THRUSH DIRECTOR 170 SMITHDALE ROAD SHIPPENSBURG, PA 17257-9525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL G. TRESSLER, III DIRECTOR 13030 GLISSANS MILL ROAD MT. AIRY, MD 21771	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW & NICHOLE JAMISON DIRECTOR 886 OLD FORGE ROAD CALLAWAY, VA 24067	<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/ BARBARA CAMPBELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BARBARA CAMPBELL, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/18/2014 DATE
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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.