

1.) CORPORATION NAME:

PIEDMONT COMMUNITY FOUNDATION

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**AMY E OWEN
101 NORTH JAY STREET
SUITE 2**

SCC ID NO: **05223300**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MIDDLEBURG, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 402

CITY/ST/ZIP: MIDDLEBURG, VA 20118

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:	J BRADLEY DAVIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 402		
CITY/ST/ZIP/CO:	MIDDLEBURG, VA 20118		
NAME:	SANDI ATKINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 402		
CITY/ST/ZIP/CO:	MIDDLEBURG, VA 20118		
NAME:	SUSAN WEBB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 402		
CITY/ST/ZIP/CO:	MIDDLEBURG, VA 20118		
NAME:	JOHN RUST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 402		
CITY/ST/ZIP/CO:	MIDDLEBURG, VA 20118		
NAME:	Joe Bullock	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 402		
CITY/ST/ZIP/CO:	Middleburg, VA 20118		
NAME:	Kirsten Langhorne	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 402		
CITY/ST/ZIP/CO:	Middleburg, VA 20118		

NAME: Andrew Bishop TITLE: DIRECTOR ADDRESS: PO Box 402 CITY/ST/ZIP/CO: Middleburg, VA 20118	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Connie Moore Behan TITLE: DIRECTOR ADDRESS: PO Box 402 CITY/ST/ZIP/CO: Middleburg, VA 20118	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Patricia Stout TITLE: DIRECTOR ADDRESS: PO Box 402 CITY/ST/ZIP/CO: Middleburg, VA 20118	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Rust TITLE: DIRECTOR ADDRESS: PO Box 402 CITY/ST/ZIP/CO: Middleburg, VA 20118	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ben Wegdam TITLE: DIRECTOR ADDRESS: PO Box 402 CITY/ST/ZIP/CO: Middleburg, VA 20118	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jim Herbert, Jr. TITLE: DIRECTOR ADDRESS: PO Box 402 CITY/ST/ZIP/CO: Middleburg, VA 20118	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Topm Northrup TITLE: DIRECTOR ADDRESS: PO Box 402 CITY/ST/ZIP/CO: Middleburg, VA 20118	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kate Armfield TITLE: DIRECTOR ADDRESS: PO Box 402 CITY/ST/ZIP/CO: Middleburg, VA 20118	<input type="checkbox"/> OFFICER	<input checked="" 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/ J BRADLEY DAVIS	J BRADLEY DAVIS, PRESIDENT	5/8/2014
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.