

1.) CORPORATION NAME:

LOUISA COUNTY CHAMBER OF COMMERCE, INC.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DEANA MEREDITH
PO BOX 955
LOUISA, VA 23093**

SCC ID NO: **05275003**

5.) STOCK INFORMATION

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

LOUISA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: POB 955

CITY/ST/ZIP: LOUISA, VA 23093

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: CYNTHIA MINTER TITLE: TREASURER ADDRESS: PO BOX 280 CITY/ST/ZIP/CO: LOUISA, VA 23093	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY BROWN TITLE: DIRECTOR ADDRESS: PO BOX 216 CITY/ST/ZIP/CO: LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TERESA CONLEY TITLE: DIRECTOR ADDRESS: 3300 BERKMAR DR CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOM FILER TITLE: DIRECTOR ADDRESS: PO BOX 888 CITY/ST/ZIP/CO: LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jack Manzari TITLE: CHAIRMAN ADDRESS: 547 Spring Valley Farm Lane CITY/ST/ZIP/CO: Mineral, VA 23117	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John R. Maus TITLE: VICE CHAIRMAN ADDRESS: P.O. Box 1488 CITY/ST/ZIP/CO: Louisa, VA 23093	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Beverly Pauley Young SECRETARY P.O. Box 1310 Louisa, VA 23093	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sharon Duke DIRECTOR 10046 Three Notch Rd. Troy, VA 22974	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian Gilbreth DIRECTOR P.O. Box 280 Mineral, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patrick Hanley DIRECTOR P.O. Box 878 Louisa, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Page Kemp DIRECTOR 1022 Haley Drive Mineral, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Chad Koslow DIRECTOR 347 Witt St. Louisa, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dave Moberley DIRECTOR 4634 Courthouse Rd. Mineral, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D.D. Watson DIRECTOR 117 West St. Louisa, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul Yates DIRECTOR 164 Camp Creek Pkwy Gordonsville, VA 22942	<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/ CYNTHIA MINTER	CYNTHIA MINTER, TREASURER	10/1/2012
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.