

1.) CORPORATION NAME:

**THE EDITH AND THEODORE ROOSEVELT PINE
KNOTFOUNDATION**

DUE DATE: **2/28/2014**

SCC ID NO: **05535109**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ELIZABETH H WOODARD
2421 IVY RD
PO BOX 438**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHARLOTTESVILLE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 711 COLES ROLLING ROAD
P.O. BOX 213

CITY/ST/ZIP: KEENE, VA 22946

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAULA PIERCE BEAZLEY	
TITLE:	PRESIDENT	
ADDRESS:	6198 GREEN MOUNTAIN ROAD	
CITY/ST/ZIP/CO:	ESMONT, VA 22937	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MR. JOHN S WATTERSON, III	
TITLE:	VICE PRESIDENT	
ADDRESS:	500 CRESTWOOD DRIVE	
CITY/ST/ZIP/CO:	#1208 CHARLOTTESVILLE,, VA 22903	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MRS WALTER E MORGAN	
TITLE:	REC SEC	
ADDRESS:	257 BLUE SPRINGS LANE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MR JEROME BEAZLEY	
TITLE:	TREASURER	
ADDRESS:	6198 GREEN MOUNTAIN RD	
CITY/ST/ZIP/CO:	ESMONT, VA 22937	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MR. ROBERT D DALZIEL	
TITLE:	DIRECTOR	
ADDRESS:	P O BOX 196	
CITY/ST/ZIP/CO:	BUCK HILL FALLS, PA 19323-0196	

NAME: MRS. DAVID HOLMES TITLE: DIRECTOR ADDRESS: 18 Deer Path CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MRS. JAMES MILLER TITLE: DIRECTOR ADDRESS: 1754 VERONA DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE,, VA 22911	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DR. WALTER E. MORGAN, III TITLE: DIRECTOR ADDRESS: 257 BLUE SPRINGS LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MR. CHARLES J. MOTT TITLE: DIRECTOR ADDRESS: The Colonnades 2600 Barracks Road CITY/ST/ZIP/CO: CHARLOTTESVILLE,, VA 22901	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MRS. CHARLES MOTT TITLE: DIRECTOR ADDRESS: The Colonnades 2600 Barracks Road CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DR. WILLIAM S. TUNNER TITLE: DIRECTOR ADDRESS: STAVE MILL P.O. BOX 115 CITY/ST/ZIP/CO: ESMONT,, VA 22937	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MRS. WILLIAM SALLIE TUNNER TITLE: DIRECTOR ADDRESS: P.O. BOX 115 CITY/ST/ZIP/CO: ESMONT, VA 22937	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MR. DONALD S. WOODSMALL TITLE: DIRECTOR ADDRESS: 1340 MOSBY'S REACH CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-0616	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Mr. Richard Morgan TITLE: DIRECTOR ADDRESS: 2333 Pharsalia Road CITY/ST/ZIP/CO: Tyro, VA 22876	<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/ PAULA PIERCE BEAZLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAULA PIERCE BEAZLEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE
2/28/2014 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.	