

1.) CORPORATION NAME: <b>STANLEY W. BOWLES CORPORATION</b>	DUE DATE: <b>8/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOHN L GREGORY III 400 STARLING AVE MARTINSVILLE, VA</b>	SCC ID NO: <b>05628599</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>MARTINSVILLE CITY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMM</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMM	5,000
CLASS	AUTHORIZED				
COMM	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: P O BOX 4706 3375 JOSEPH MARTIN HWY  CITY/ST/ZIP: MARTINSVILLE, VA 24115	
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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: BARRY A BOWLES TITLE: PRESIDENT ADDRESS: P O BOX 4463 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24115	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DAVID W BOWLES TITLE: VICE PRESIDENT ADDRESS: P O BOX 4841 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24115	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: STANLEY W BOWLES JR TITLE: S/T ADDRESS: P O BOX 4706 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24115	<input checked="" 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/ BARRY A BOWLES	BARRY A BOWLES, PRESIDENT	7/2/2014
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.