

1.) CORPORATION NAME:

**Bath County Chamber of Commerce, Incorporated**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JACOB YARROW  
2696 MAIN ST STE 4  
PO BOX 718**

SCC ID NO: **05632179**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**HOT SPRINGS, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**BATH COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2696 MAIN ST  
STE 4

CITY/ST/ZIP: HOT SPRINGS, VA 24445

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:	CRYSTAL SALVATORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6249 MUDDY RUN ROAD		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487		

NAME:	NICK MOGA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	205 WOODBROOK DRIVE		
CITY/ST/ZIP/CO:	COVINGTON, VA 24426		

NAME:	Margaret Fontana	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P.O. Drawer Z		
CITY/ST/ZIP/CO:	Hot Springs, VA 24445		

NAME:	Chris Williams	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O. Box 240		
CITY/ST/ZIP/CO:	Warm Springs, VA 24484		

NAME:	Susan McLain	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Exec. Director		
ADDRESS:	P.O. Box 718		
CITY/ST/ZIP/CO:	Hot Springs, VA 24445		

NAME:	John Loeffler	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	The Inn at Gristmill Square Courthouse Hill		
CITY/ST/ZIP/CO:	Warm Springs, VA 24484		

NAME: Maggie Anderson TITLE: Tourism Directo ADDRESS: 65 Courthouse Hill Road CITY/ST/ZIP/CO: Warm Springs, VA 24484	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kris King TITLE: DIRECTOR ADDRESS: Natural Retreats CITY/ST/ZIP/CO: Dairy Barn Warm Springs, VA 24484	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Richard King TITLE: DIRECTOR ADDRESS: King CITY/ST/ZIP/CO: Sam Snead Highway Hot Springs, VA 24445	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Cynthia Rudnick TITLE: DIRECTOR ADDRESS: P.O.Box 718 CITY/ST/ZIP/CO: Hot Springs, VA 24445	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Young TITLE: DIRECTOR ADDRESS: P.O. Box 1112 CITY/ST/ZIP/CO: Hot Springs, VA 24445	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Eileen Judah TITLE: DIRECTOR ADDRESS: The Omni Homestead Resort P.O. Box 2000 CITY/ST/ZIP/CO: Hot Springs, VA 24445	<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/ CRYSTAL SALVATORE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRYSTAL SALVATORE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/1/2013 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.		