

1.) CORPORATION NAME:

**BAY AGING FOUNDATION**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**KATHY E VESLEY**

**5306 OLD VIRGINIA STREET**

**PO BOX 610**

**URBANNA, VA 23175**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**MIDDLESEX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **12/31/2010**

SCC ID NO: **05883566**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 610

CITY/ST/ZIP: URBANNA, VA 23175-

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: MR. JOSEPH CURRY  
TITLE: DIRECTOR  
ADDRESS: P O BOX 737  
CITY/ST/ZIP/CO: KILMARNOCK, VA 22482-

OFFICER

DIRECTOR

NAME: KATHY VESLEY  
TITLE: PRESIDENT  
ADDRESS: PO BOX 1070  
CITY/ST/ZIP/CO: URBANNA, VA 23175-

OFFICER

DIRECTOR

NAME: LUTHER DERBY  
TITLE: DIRECTOR  
ADDRESS: PO BOX 267  
CITY/ST/ZIP/CO: TAPPANANNOCK, VA 22560-

OFFICER

DIRECTOR

NAME: ED CLAYTON  
TITLE: DIRECTOR  
ADDRESS: 1205 AARONS BEACH ROAD  
CITY/ST/ZIP/CO: DIGGS, VA 23045-

OFFICER

DIRECTOR

NAME: CAROLYN GRAY  
TITLE: DIRECTOR  
ADDRESS: 3945 FOLLY NECK ROAD  
CITY/ST/ZIP/CO: WARSAW, VA 22572-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELTON SMITH DIRECTOR PO BOX 27 SHACKLEFORDS, VA 23156-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON JAMES DIRECTOR PO BOX 1257 GLOUCESTER, VA 23061-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANA PITTS DIRECTOR PO BOX 191 URBANNA, VA 23175-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MANUEL HAYNIE DIRECTOR PO BOX 281 REEDVILLE, VA 22539-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARA LOONEY DIRECTOR 3 MARSHALL AVE COLONIAL BEACH, VA 22443-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM MICKENS DIRECTOR 1809 CHURCHVILLE ROAD WEST POINT, VA 23181-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIMMIE CARTER DIRECTOR PO BOX 300 IRVINGTON, VA 22480-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STANLEY CLARKE DIRECTOR PO BOX 955 TAPPAHANNOCK, VA 22560-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL REISNER DIRECTOR PO BOX 248 WICOMICO CHURCH, VA 22579-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRISON DIXON DIRECTOR 8318 WOODHAVEN ROAD GLOUCESTER, VA 23061-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

OFFICER                       DIRECTOR

NAME:                                    MARIA ROE  
TITLE:                                    DIRECTOR  
ADDRESS:                                439 BURNT HOUSE POINT  
CITY/ST/ZIP/CO:                      COLONIAL BEACH, VA 22443-

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.

<u>/s/ JIMMIE CARTER</u>	<u>JIMMIE CARTER, DIRECTOR</u>	<u>5/5/2011</u>
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.