

1.) CORPORATION NAME:

FRIENDS OF BLUEMONT, INC.

DUE DATE: **2/28/2011**

SCC ID NO: **05921127**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
SUSAN FREIS FALKNOR
PO BOX 135
BLUEMONT, VA 20135**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 214

CITY/ST/ZIP: BLUEMONT, VA 20135-

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: SUSAN FREIS FALKNOR
TITLE: PRESIDENT
ADDRESS: PO BOX 135
CITY/ST/ZIP/CO: BLUEMONT, VA 20135-

OFFICER

DIRECTOR

NAME: CAROLE L HAYNES
TITLE: TREASURER
ADDRESS: 184 EAGLE ROCK LA
CITY/ST/ZIP/CO: BLUEMONT, VA 20135-

OFFICER

DIRECTOR

NAME: MINETTE MOVAREK
TITLE: DIRECTOR
ADDRESS: 19079 BLUERIDGE MOUNTAIN RD
CITY/ST/ZIP/CO: BLUEMONT, VA 20135-

OFFICER

DIRECTOR

NAME: MARK ZALEWSKI
TITLE: VICE PRESIDENT
ADDRESS: 34300 SNICKERSVILLE TURNPIKE
CITY/ST/ZIP/CO: BLUEMONT, VA 20135-

OFFICER

DIRECTOR

NAME: JAMIE HOGAN
TITLE: SECRETARY
ADDRESS: 34266 SNICKERSVILLE TNPK
CITY/ST/ZIP/CO: BLUEMONT, VA 20135-

OFFICER

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.

<u>/s/ CAROLE L HAYNES</u>	<u>CAROLE L HAYNES, TREASURER</u>	<u>2/26/2011</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.