

1.) CORPORATION NAME:

DUE DATE: **7/31/2013**

**Opera on the James**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06409056**

**GAIL JOHNSON MORRISON  
701 MAIN STREET  
LYNCHBURG, VA**

5.) STOCK INFORMATION

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

**LYNCHBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1450  
701 MAIN ST

CITY/ST/ZIP: LYNCHBURG, VA 24505

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:	GAIL MORRISON	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 1450	
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24505	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LINDA EUBANK	
TITLE:	TREASURER	
ADDRESS:	PO BOX 1450	
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24505	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN MOORE	
TITLE:	SECRETARY	
ADDRESS:	PO BOX 1450	
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24505	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	David Tate	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO Box 1450	
CITY/ST/ZIP/CO:	Lynchburg, VA 24505	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Marjorie Keymer	
TITLE:	DIRECTOR	
ADDRESS:	PO Box 1450	
CITY/ST/ZIP/CO:	Lynchburg, VA 24505	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Eugene Koster	
TITLE:	DIRECTOR	
ADDRESS:	PO Box 1450	
CITY/ST/ZIP/CO:	Lynchburg, VA 24505	

NAME: William Hetzel TITLE: DIRECTOR ADDRESS: PO Box 1450 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: May May Gay TITLE: DIRECTOR ADDRESS: PO Box 1450 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lisa Joyner TITLE: DIRECTOR ADDRESS: PO Box 1450 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Theodore Batt TITLE: DIRECTOR ADDRESS: PO Box 1450 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lucille Deane TITLE: DIRECTOR ADDRESS: PO Box 1450 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ted Delaney TITLE: DIRECTOR ADDRESS: PO Box 1450 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Remo Lotano TITLE: DIRECTOR ADDRESS: PO Box 1450 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Liza Gray TITLE: DIRECTOR ADDRESS: PO Box 1450 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Douglas Lee TITLE: DIRECTOR ADDRESS: PO Box 1450 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<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/ GAIL MORRISON	GAIL MORRISON, PRESIDENT	8/8/2013
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.