

1.) CORPORATION NAME:

**Museum In Miniature Foundation, Inc.**

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
JAMES L TEW  
390 OLD RECTORY LN  
FORK UNION, VA 23055**

SCC ID NO: **06444020**

5.) STOCK INFORMATION

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

**FLUVANNA COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 390 OLD RECTORY LANE

CITY/ST/ZIP: FORK UNION, VA 23055-

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: JULIE KING  
TITLE: PRESIDENT  
ADDRESS: POB 235  
CITY/ST/ZIP/CO: BREMO BLUFF, VA 23022-

OFFICER

DIRECTOR

NAME: WILLIAM KING  
TITLE: VICE PRESIDENT  
ADDRESS: POB 235  
CITY/ST/ZIP/CO: BREMO BLUFF, VA 23022-

OFFICER

DIRECTOR

NAME: LEONARD GARDNER  
TITLE: SECRETARY  
ADDRESS: 3 COVE CIRCLE  
CITY/ST/ZIP/CO: PALMYRA, VA 22963-

OFFICER

DIRECTOR

NAME: JAMES L TEW  
TITLE: TREASURER  
ADDRESS: POB 607  
CITY/ST/ZIP/CO: FORK UNION, VA 23055-

OFFICER

DIRECTOR

NAME: JEANNE B KENT  
TITLE: DIRECTOR  
ADDRESS: 3775 E RIVER ROAD  
CITY/ST/ZIP/CO: COLUMBIA, VA 23038-

OFFICER

DIRECTOR

NAME:	JOHN EASTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	94 MIDDLE FARMS TRACE		
CITY/ST/ZIP/CO:	BREMO BLUFF, VA 23022-		

NAME:	PETER ALMONTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9 LAKESIDE CIR		
CITY/ST/ZIP/CO:	PALMYRA, VA 22963-		

NAME:	CONNOR CROOK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1348 DUNLORA DR		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901-		

NAME:	ANDREA CUMBO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	616 LOWER BREMO LN		
CITY/ST/ZIP/CO:	BREMO BLUFF, VA 23022-		

NAME:	JERRY PATCHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13764 JAMES MADISON HWY		
CITY/ST/ZIP/CO:	PALMYRA, VA 22963-		

NAME:	JANE SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	416 OLD RECTORY LN		
CITY/ST/ZIP/CO:	FORK UNION, VA 23055-		

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/ JAMES L TEW	JAMES L TEW, TREASURER	8/23/2011
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.