

1.) CORPORATION NAME:

Museum In Miniature Foundation, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	POB 235		
CITY/ST/ZIP/CO:	BREMO BLUFF, VA 23022		
NAME:	WILLIAM KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	POB 235		
CITY/ST/ZIP/CO:	BREMO BLUFF, VA 23022		
NAME:	JAMES L TEW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	POB 607		
CITY/ST/ZIP/CO:	FORK UNION, VA 23055		
NAME:	LEONARD GARDNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3 COVE CIRCLE		
CITY/ST/ZIP/CO:	PALMYRA, VA 22963		
NAME:	JEANNE B KENT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3775 E RIVER ROAD		
CITY/ST/ZIP/CO:	COLUMBIA, VA 23038		
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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNOR CROOK DIRECTOR 1348 DUNLORA DR CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREA CUMBO DIRECTOR 616 LOWER BREMO LN BREMO BLUFF, VA 23022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN EASTER DIRECTOR 94 MIDDLE FARMS TRACE BREMO BLUFF, VA 23022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY PATCHEN DIRECTOR 13764 JAMES MADISON HWY PALMYRA, VA 22963	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE SMITH DIRECTOR 416 OLD RECTORY LN FORK UNION, VA 23055	<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/ JAMES L TEW SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES L TEW, TREASURER PRINTED NAME AND CORPORATE TITLE	10/3/2013 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.			