

1.) CORPORATION NAME:

Carley Family Foundation

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NORMAN J CARLEY
1330 EBENEZER CHURCH RD
COBBS CREEK, VA**

SCC ID NO: **06694111**

5.) STOCK INFORMATION

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

MATHEWS COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 840

CITY/ST/ZIP: COBBS CREEK, VA 23035

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: NORMAN JOHN CARLEY TITLE: PRESIDENT ADDRESS: PO BOX 840 CITY/ST/ZIP/CO: COBBS CREEK, VA 23035	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARILYN JEAN CARLEY TITLE: SECRETARY ADDRESS: PO BOX 840 CITY/ST/ZIP/CO: COBBS CREEK, VA 23035	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SEAN PATRICK CARLEY TITLE: DIRECTOR ADDRESS: 1500 PARK AVE CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUZANNE LYLE CARLEY TITLE: DIRECTOR ADDRESS: 1500 PARK AVE CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JENNIFER JO ROWE TITLE: DIRECTOR ADDRESS: 4614 TOWN CREEK DR CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN WAYNE ROWE TITLE: DIRECTOR ADDRESS: 4614 TOWN CREEK DR CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MICAYLA ANNE ROWE TITLE: DIRECTOR ADDRESS: 4614 TOWN CREEK DR CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TYLER AUSTIN ROWE TITLE: DIRECTOR ADDRESS: 4614 TOWN CREEK DR CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ NORMAN JOHN CARLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NORMAN JOHN CARLEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/1/2013 DATE
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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.