

1.) CORPORATION NAME:

The Virginia Vintagers

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JENT P MITCHELL III
132 TRUNK DR
STEPHENS CITY, VA**

SCC ID NO: **06714711**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FREDERICK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 132 TRUNK DR

CITY/ST/ZIP: STEPHENS CITY, VA 22655

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: JENT P MITCHELL III TITLE: PRESIDENT ADDRESS: 132 TRUNK DRIVE CITY/ST/ZIP/CO: STEPHENS CITY, VA 22655	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KIMBALL E FERGUSON TITLE: VP/D ADDRESS: 8911 GARDEN STONE LANE CITY/ST/ZIP/CO: FAIRFAX, VA 22031	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: F ANNE B MITCHELL TITLE: S/T/D ADDRESS: 132 TRUNK DRIVE CITY/ST/ZIP/CO: STEPHENS CITY, VA 22655	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HORACE JAY BASKETTE TITLE: DIRECTOR ADDRESS: 9602 CHAPEL HILL DRIVE CITY/ST/ZIP/CO: BURKE, VA 22015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID VERNER HAMILTON TITLE: DIRECTOR ADDRESS: 8376 MEADOWS ROAD CITY/ST/ZIP/CO: WARRENTON, VA 20186	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT EUGENE RAMBLER TITLE: DIRECTOR ADDRESS: 514 WOOD DUCK DRIVE CITY/ST/ZIP/CO: MANHEIM, PA 17545	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	WILLIAM WALLACE SANFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ARROWPOINT FARM		
CITY/ST/ZIP/CO:	1570 FOREST DRIVE ORANGE, VA 22960		

NAME:	TODD EDWARD WRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 40		
CITY/ST/ZIP/CO:	LIGNUM, VA 22726		

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/ JENT P MITCHELL III</u>	<u>JENT P MITCHELL III, PRESIDENT</u>	<u>12/3/2013</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.