

1.) CORPORATION NAME:

**The Equine Museum Foundation**

DUE DATE: **4/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**RICHARD A MINARDI**

**1001 HAXALL POINT 15TH FL**

**PO BOX 1122**

SCC ID NO: **06762280**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

**RICHMOND, VA 23218-1122**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14020 DAWN BLVD

CITY/ST/ZIP: DOSWELL, VA 23047-

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.

OFFICER

DIRECTOR

NAME: CURRY ROBERTS  
TITLE: P/EX-OFFICIO  
ADDRESS: 306 CHESWICK LANE  
CITY/ST/ZIP/CO: RICHMOND, VA 23229-

OFFICER

DIRECTOR

NAME: JODI BUFFORD  
TITLE: SEC/TREAS  
ADDRESS: 9132 POLO PONY CT  
CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116-

OFFICER

DIRECTOR

NAME: JAY ADAMS  
TITLE: EX-OFFICIO  
ADDRESS: ONE BOWMAN DR  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408-

OFFICER

DIRECTOR

NAME: RANDY ROUSE  
TITLE: CHRMN EMERITUS  
ADDRESS: 6407 WILSON BLVD  
CITY/ST/ZIP/CO: ARLINGTON, VA 22205-

OFFICER

DIRECTOR

NAME: CINDY PRYOR  
TITLE: DIRECTOR  
ADDRESS: 1500 MANAKIN RD  
CITY/ST/ZIP/CO: MANAKIN-SABOT, VA 23103-

NAME:	HELEN B. CHENERY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	907 AURORA AVE. #F-101		
CITY/ST/ZIP/CO:	BOULDER, CO 80302-		
NAME:	T. WILLIAM DOWDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 644		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22150-		
NAME:	ACHILE GUEST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 127		
CITY/ST/ZIP/CO:	KING GEORGE, VA 22485-		
NAME:	BERYL B. HERZOG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20618 GREEN BAY RD.		
CITY/ST/ZIP/CO:	BEAVERDAM, VA 23015-		
NAME:	ERNEST M. OARE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4S.4TH STREET		
CITY/ST/ZIP/CO:	WARRENTON, VA 20186-		
NAME:	WILLIAM O'KEEFE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 4096		
CITY/ST/ZIP/CO:	LEESBURG, VA 20177-		
NAME:	HERBERT STAPLES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1510 WILLOW LAWN DR., STE. 224		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230-		
NAME:	PATRICIA ST. CLAIR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	208 STONEHOUSE RD.		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188-		
NAME:	WALTER W. WILDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1304 DANDY LOOP RD.		
CITY/ST/ZIP/CO:	YORKTOWN, VA 23692-		
NAME:	DEBORAH MIHALOFF KIRSHNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15460 CAMPBELL LAKE RD.		
CITY/ST/ZIP/CO:	DOSWELL, VA 23692-		

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/ JODI BUFFORD	JODI BUFFORD, SEC/TREAS	5/6/2011
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.