

1.) CORPORATION NAME:

**CvilleRail**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MEREDITH RICHARDS  
1621 TRAILRIDGE RD  
CHARLOTTESVILLE, VA 22903**

SCC ID NO: **06767990**

5.) STOCK INFORMATION

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

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1621 TRAILRIDGE ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FRAN HOOPER	
TITLE:	SECRETARY	
ADDRESS:	PO BOX 124	
CITY/ST/ZIP/CO:	COVESVILLE, VA 22931	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT DEMAURI	
TITLE:	VICE CHAIRMAN	
ADDRESS:	285 ROSEMONT DRIVE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MEREDITH RICHARDS	
TITLE:	CHAIRPERSON	
ADDRESS:	1621 TRAILRIDGE RD	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GERARD DIELY	
TITLE:	DIRECTOR	
ADDRESS:	1309 CARTER LANE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK MASCOTTE	
TITLE:	DIRECTOR	
ADDRESS:	OCTAGON PARTNERS	
CITY/ST/ZIP/CO:	126 GARRETT ST CHARLOTTESVILLE, VA 22902	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL REYNOLDS	
TITLE:	DIRECTOR	
ADDRESS:	857 LOCUST AVENUE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

NAME: TOM RANEY TITLE: DIRECTOR ADDRESS: 1715 ARROWWOOD DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SUSAN STIMART TITLE: DIRECTOR ADDRESS: 132 OAK FOREST CIRCLE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ADRIAN FELTS TITLE: DIRECTOR ADDRESS: 615 LEXINGTON AVENUE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<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.		
<u>/s/ MEREDITH RICHARDS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MEREDITH RICHARDS,</u> CHAIRPERSON PRINTED NAME AND CORPORATE TITLE	<u>5/28/2012</u> 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.		