

1.) CORPORATION NAME:

HARTS, Inc.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

SARAH MARIE LOONEY

204 N. HIGH STREET

HARRISONBURG, VA 22803

SCC ID NO: **06921670**

5.) STOCK INFORMATION

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

HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 176 W MARKET ST

CITY/ST/ZIP: HARRISONBURG, VA 22801-

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: DON DRIVER
TITLE: TREASURER
ADDRESS: 110 N MASON ST
PO BOX 809
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER

DIRECTOR

NAME: SARAH MORTON
TITLE: PRES/DTR
ADDRESS: PO BOX 551
204 N HIGH ST
CITY/ST/ZIP/CO: HARRISONBURG, VA 22803-

OFFICER

DIRECTOR

NAME: BOB TALBOTT
TITLE: VICE PRESIDENT
ADDRESS: 205 SOUTH MAIN STREET
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-3604

OFFICER

DIRECTOR

NAME: FRANK S. HISSONG
TITLE: SECRETARY
ADDRESS: 3055 BAYBROOK DR.
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER

DIRECTOR

NAME: LYNN MARTIN
TITLE: DIRECTOR
ADDRESS: 247 CAMPBELL ST.
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER

DIRECTOR

NAME: LARRY BARBER TITLE: DIRECTOR ADDRESS: 206 BROAD STREET CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LACY T. WHITMORE TITLE: DIRECTOR ADDRESS: 1241 NORTH MAIN STREET CITY/ST/ZIP/CO: HARRISONBURG, VA 22802-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETE DESMIT TITLE: DIRECTOR ADDRESS: 105 AMBER LANE CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ABBAS RAWOOT TITLE: DIRECTOR ADDRESS: 167 N LIBERTY STREET, STE. D CITY/ST/ZIP/CO: HARRISONBURG, VA 22802-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FRED LASPINA TITLE: DIRECTOR ADDRESS: 154 NORTH MAIN ST CITY/ST/ZIP/CO: HARRISONBURG, VA 22802-	<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/ SARAH MORTON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SARAH MORTON, PRES/DTR _____ PRINTED NAME AND CORPORATE TITLE
3/13/2012 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.	