

1.) CORPORATION NAME:

Virginia Castle Foundation, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARRETT M SMITH
610 W. RIO RD.
CHARLOTTESVILLE, VA 22901**

SCC ID NO: **06941108**

5.) STOCK INFORMATION

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

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1802 Bayberry Court - Suite 305

CITY/ST/ZIP: Richmond, VA 23226

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:	ELMER F PRITCHETT JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 GOLF CREST COURT		
CITY/ST/ZIP/CO:	CAROLINA SHORES, NC 28467		

NAME:	MALCOLM ANDREWS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 SUMMIT VIEW LN		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22503		

NAME:	TIMOTHY L AKERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1802 Bayberry Ct.. Suite 305		
CITY/ST/ZIP/CO:	Richmond, VA 23226		

NAME:	GARRETT SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	610 W. Rio Rd.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	ED TROPE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8 Canterbury Road		
CITY/ST/ZIP/CO:	Richmond, VA 23221		

NAME:	ANDY FENSTERMACHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8550 Sunview Lane		
CITY/ST/ZIP/CO:	Richmond, VA 23235		

NAME: TOM GRIFFIN TITLE: DIRECTOR ADDRESS: 1818 W. Grace CITY/ST/ZIP/CO: Richmond, VA 23220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW BURTLE TITLE: VICE PRESIDENT ADDRESS: 4140 Lorcom Lane CITY/ST/ZIP/CO: Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS MAUCK TITLE: DIRECTOR ADDRESS: 4107 Exeter Road CITY/ST/ZIP/CO: Richmond, VA 23221	<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/ GARRETT SMITH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARRETT SMITH, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/13/2012 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.		