

1.) CORPORATION NAME:

BBPA INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARY C KRANZ
545 BAKER BRANCH RD
LOUISA, VA**

SCC ID NO: **07024433**

5.) STOCK INFORMATION

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

LOUISA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 545 BAKER BRANCH RD

CITY/ST/ZIP: LOUISA, VA 23093

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.

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|-----------------|-----------------------|---|--|
| NAME: | DANIEL A PARELIUS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR/P | | |
| ADDRESS: | 427 BAKER BRANCH RD | | |
| CITY/ST/ZIP/CO: | LOUISA, VA 23093 | | |
| NAME: | MARY C KRANZ | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR/T | | |
| ADDRESS: | 545 BAKER BRANCH RD | | |
| CITY/ST/ZIP/CO: | LOUISA, VA 23093 | | |
| NAME: | Andrew Wilson | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 268 SPRINGTREE LN | | |
| CITY/ST/ZIP/CO: | SCOTTSVILLE, VA 24590 | | |
| NAME: | WILLIAM N HALE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 249 BAKER BRANCH LN | | |
| CITY/ST/ZIP/CO: | LOUISA, VA 23093 | | |
| NAME: | KRISTINE M HARTER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | POB 734 | | |
| CITY/ST/ZIP/CO: | LOUISA, VA 23093 | | |
| NAME: | William White | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | POB 734 | | |
| CITY/ST/ZIP/CO: | Louisa, VA 23093 | | |

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|-----------------|---------------------|----------------------------------|--|
| NAME: | Lynn Engler | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 737 Baker Branch Rd | | |
| CITY/ST/ZIP/CO: | LOUISA, VA 23093 | | |

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/ MARY C KRANZ | MARY C KRANZ, DIRECTOR/T | 11/7/2013 |
| 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.