

1.) CORPORATION NAME:

**Culpeper Model Barnstormers, Inc.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NICHOLAS PEGAU BURHANS  
6061 CAPTAINS WALK  
BROAD RUN, VA 20137**

SCC ID NO: **07054810**

5.) STOCK INFORMATION

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

**FAUQUIER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6061 CAPTAINS WALK

CITY/ST/ZIP: BROAD RUN, VA 20137-1959

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:	NICHOLAS PEGAU BURHANS	
TITLE:	PRESIDENT	
ADDRESS:	6061 CAPTAINS WALK	
CITY/ST/ZIP/CO:	BROAD RUN, VA 20137-1959	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MIKE DALE	
TITLE:	VICE PRESIDENT	
ADDRESS:	20406 FORTUNES WAY	
CITY/ST/ZIP/CO:	REMEINGTON, VA 22734	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NICHOLAS PEGAU BURHANS	
TITLE:	SECRETARY	
ADDRESS:	6061 CAPTAINS WALK	
CITY/ST/ZIP/CO:	BROAD RUN, VA 20137	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NICHOLAS PEGAU BURHANS	
TITLE:	TREASURER	
ADDRESS:	6061 CAPTAINS WALK	
CITY/ST/ZIP/CO:	BROAD RUN, VA 20137-1959	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY FOVEAUX	
TITLE:	DIRECTOR	
ADDRESS:	171 WOODFOLK DR	
CITY/ST/ZIP/CO:	MINERAL, VA 23117-5318	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN HUNTON	
TITLE:	DIRECTOR	
ADDRESS:	9154 RIXELVILLE RD	
CITY/ST/ZIP/CO:	RIXELVILLE, VA 22737	

NAME:                   BILL TOWNE TITLE:                   DIRECTOR ADDRESS:               5463 ROSIEHAVEN CT CITY/ST/ZIP/CO:       WARRENTON, VA 20187	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   MIKE WICZALKOWSKI TITLE:                   DIRECTOR ADDRESS:               106 SUNSHINE DR CITY/ST/ZIP/CO:       STAFFORD, VA 22556	<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/ NICHOLAS PEGAU BURHANS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NICHOLAS PEGAU BURHANS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/18/2012 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.		