

1.) CORPORATION NAME:

Eastern Shore Public Library Foundation

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

LAURA R LUCAS

101 W MAIN ST STE 9000

NORFOLK, VA 23510-1655

SCC ID NO: **07125016**

5.) STOCK INFORMATION

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

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 554

CITY/ST/ZIP: ACCOMAC, VA 23301-

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: JOHN EDMONDS IV
TITLE: PRESIDENT
ADDRESS: 10300 CHEROKEE ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23235-

OFFICER

DIRECTOR

NAME: RON S WOLFF
TITLE: DIRECTOR
ADDRESS: PO BOX 41
CITY/ST/ZIP/CO: ATLANTIC, VA 23303-

OFFICER

DIRECTOR

NAME: GEORGE SHRIEVES
TITLE: VICE PRESIDENT
ADDRESS: 21291 HOPKINS ROAD
CITY/ST/ZIP/CO: PARKSLEY, VA 23421-

OFFICER

DIRECTOR

NAME: JUDY MALARKEY
TITLE: DIRECTOR
ADDRESS: PO BOX 139
CITY/ST/ZIP/CO: ONANCOCK, VA 23417-

OFFICER

DIRECTOR

NAME: CAROL H VINCENT
TITLE: TREASURER
ADDRESS: PO BOX 360
CITY/ST/ZIP/CO: ACCOMAC, VA 23301-

OFFICER

DIRECTOR

NAME: PAUL F BERGE TITLE: DIRECTOR ADDRESS: 31144 BUNTING POINT ROAD CITY/ST/ZIP/CO: MELFA, VA 23410-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CURTIS BADGER TITLE: DIRECTOR ADDRESS: P. O. BOX 677 CITY/ST/ZIP/CO: MELFA, VA 23410-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN COLLINS TITLE: DIRECTOR ADDRESS: 20178 DEEP CREEK LANE CITY/ST/ZIP/CO: ONANCOCK, VA 23417-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANDRE ELLIOTT TITLE: DIRECTOR ADDRESS: P. O. BOX 372 CITY/ST/ZIP/CO: MELFA, VA 23410-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KATHERINE F. HALL TITLE: DIRECTOR ADDRESS: P. O. BOX 94 CITY/ST/ZIP/CO: PARKSLEY, VA 23421-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAM SPENCER HOLLEY TITLE: SECRETARY ADDRESS: P. O. BOX 9 CITY/ST/ZIP/CO: ASSAWOMAN, VA 23302-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LAURA R LUCAS TITLE: DIRECTOR ADDRESS: 8 KERR STREET CITY/ST/ZIP/CO: ONANCOCK, VA 23417-	<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/ CAROL H VINCENT _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROL H VINCENT, TREASURER _____ PRINTED NAME AND CORPORATE TITLE
8/4/2011 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.	