

1.) CORPORATION NAME:

Eastern Shore Public Library Foundation

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAROL H VINCENT
23610 FRONT STREET
ACCOMAC, VA 23301**

SCC ID NO: **07125016**

5.) STOCK INFORMATION

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

ACCOMACK COUNTY

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10300 CHEROKEE ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235		
NAME:	JUDY MALARKEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P. O. BOX 139		
CITY/ST/ZIP/CO:	ONANCOCK, VA 23417		
NAME:	PAM SPENCER HOLLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P. O. BOX 9		
CITY/ST/ZIP/CO:	ASSAWOMAN, VA 23302		
NAME:	CAROL H VINCENT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 360		
CITY/ST/ZIP/CO:	ACCOMAC, VA 23301		
NAME:	CURTIS BADGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 677		
CITY/ST/ZIP/CO:	MELFA, VA 23410		
NAME:	PAUL F BERGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	31144 BUNTING POINT ROAD		
CITY/ST/ZIP/CO:	MELFA, VA 23410		

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: 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
NAME: RON S WOLFF TITLE: DIRECTOR ADDRESS: PO BOX 41 CITY/ST/ZIP/CO: ATLANTIC, VA 23303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LINDA THOMAS-GLOVER TITLE: DIRECTOR ADDRESS: EASTERN SHORE COMMUNITY COLLEGE CITY/ST/ZIP/CO: 29300 LANKFORD HWY MELFA, VA 23410	<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	6/29/2012 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.		