

1.) CORPORATION NAME:

Louisa Education Foundation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
C. DOUGLAS WHITLOCK
212 MINERAL AVENUE
P.O. BOX 130**

MINERAL, VA 23117

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUISA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **10/29/2010**

SCC ID NO: **07147614**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 953 DAVIS HIGHWAY

CITY/ST/ZIP: MINERAL, VA 23117-

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:	JAMES SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1977 COPPER LINE		
CITY/ST/ZIP/CO:	BUMPASS, VA 23024-		
NAME:	LAWRENCE KAVANAUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	NO ADDRESS GIVEN		
CITY/ST/ZIP/CO:	LOUISA, VA 23093-		
NAME:	MARYLIN RIGGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4180 JAMES MADISON HIGHWAY		
CITY/ST/ZIP/CO:	GORDONSVILLE, VA 22942-		
NAME:	C. DOUGLAS WHITLOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	123 ZACHARY TAYLOR HIGHWAY		
CITY/ST/ZIP/CO:	MINERAL, VA 23117-		
NAME:	OLIVIA RYAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9942 KENTUCKY SPRINGS ROAD		
CITY/ST/ZIP/CO:	MINERAL, VA 23117-		

NAME: RICHARD PURCELL TITLE: DIRECTOR ADDRESS: P.O. BOX 308 CITY/ST/ZIP/CO: LOUISA, VA 23093-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY LEWIS TITLE: DIRECTOR ADDRESS: P.O. BOX 885 CITY/ST/ZIP/CO: LOUISA, VA 23093-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN CARROLL TITLE: DIRECTOR ADDRESS: 362 OVERTON DRIVE CITY/ST/ZIP/CO: MINERAL, VA 23117-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEAN P AGEE TITLE: DIRECTOR ADDRESS: 3679 ELLISVILLE DRIVE CITY/ST/ZIP/CO: LOUISA, VA 23093-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY S FEAGANS TITLE: DIRECTOR ADDRESS: 302 CLUB ROAD CITY/ST/ZIP/CO: LOUISA, VA 23093-	<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/ C. DOUGLAS WHITLOCK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	C. DOUGLAS WHITLOCK, TREASURER PRINTED NAME AND CORPORATE TITLE
10/26/2010 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.	