

1.) CORPORATION NAME:

Louisa Education Foundation

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **07147614**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MINERAL, VA 23117

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUISA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LAWRENCE KAVANAUGH	
TITLE:	PRESIDENT	
ADDRESS:	NO ADDRESS GIVEN	
CITY/ST/ZIP/CO:	LOUISA, VA 23093	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARYLIN RIGGAN	
TITLE:	SECRETARY	
ADDRESS:	4180 JAMES MADISON HIGHWAY	
CITY/ST/ZIP/CO:	GORDONSVILLE, VA 22942	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	C. DOUGLAS WHITLOCK	
TITLE:	TREASURER	
ADDRESS:	123 ZACHARY TAYLOR HIGHWAY	
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:	DAVID R BOARDWAY	
TITLE:	DIRECTOR	
ADDRESS:	23629	
CITY/ST/ZIP/CO:	MINERAL, VA 23117	

	<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	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY LEWIS DIRECTOR P.O. BOX 885 LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONDA MATTHEWS VICE PRESIDENT 185 Matthews Lane MINERAL, VA 23117	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD PURCELL DIRECTOR P.O. BOX 308 LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH ROOTS DIRECTOR 7670 COURTHOUSE ROAD LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Martha Moore DIRECTOR 135 Randolph Street Mineral, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lisa Busch DIRECTOR P.O. Box 130 Mineral, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. Jefferson Garnett DIRECTOR 109 Elm Street Lousa, 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	10/14/2012 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.			