

1.) CORPORATION NAME:

FRIENDS OF THE MATHEWS MEMORIAL LIBRARY, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JOHN C HODGES

678 RAPPAHANNOCK DR

PO BOX 5

WHITESTONE, VA 22578

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LANCASTER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **2/29/2012**

SCC ID NO: **07197270**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 68 MAPLE AVENUE
P.O. BOX 127

CITY/ST/ZIP: MATHEWS, VA 23109-

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: MAREE S. MORGAN
TITLE: PRESIDENT
ADDRESS: 1135 CHAPEL NECK RD.
CITY/ST/ZIP/CO: NORTH, VA 23128-

OFFICER

DIRECTOR

NAME: PAMELA H. VIENS
TITLE: SECRETARY
ADDRESS: 762 WILLIAMS WHARF ROAD
CITY/ST/ZIP/CO: MATHEWS, VA 23109-

OFFICER

DIRECTOR

NAME: JAMES E. HUTCHINS
TITLE: TREASURER
ADDRESS: P.O. BOX 824
CITY/ST/ZIP/CO: COBBS CREEK, VA 23035-

OFFICER

DIRECTOR

NAME: JANE J. ABBOTT
TITLE: DIRECTOR
ADDRESS: 445 WHITFIELD ROAD
CITY/ST/ZIP/CO: CARDINAL, VA 23025-

OFFICER

DIRECTOR

NAME: MICHAEL CANNON
TITLE: DIRECTOR
ADDRESS: 364 GALES NECK PLACE
CITY/ST/ZIP/CO: MATHEWS, VA 23109-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOREEN G. FOLZENLOGEN DIRECTOR GENERAL DELIVERY HALLIEFORD, VA 23068-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY D. FURNISS JR. DIRECTOR 342 NORTH SHORE CIRCLE NORTH, VA 23128-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W. WARD DIRECTOR P.O. BOX 232 HUDGINS, VA 23076-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRONWYN HUGHES VICE PRESIDENT P.O. BOX 174 PORT HAYWOOD, VA 23138-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE R ULRICH DIRECTOR 139 DEER PATH COBBS CREEK, VA 23035-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN K WHITEWAY DIRECTOR PO BOX 62 HALLIEFORD, VA 23068-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JAMES E. HUTCHINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES E. HUTCHINS, TREASURER PRINTED NAME AND CORPORATE TITLE	1/23/2012 DATE
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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.