

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

**Guild of the Virginia Shakespeare Festival**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07197742**

**DAVID E PROSSER  
104 LOXLEY LN  
WILLIAMSBURG, VA 23185**

5.) STOCK INFORMATION

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

**JAMES CITY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 104 LOXLEY LANE

CITY/ST/ZIP: WILLIAMSBURG, VA 23185

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: DAVID PROSSER TITLE: SECRETARY ADDRESS: 104 LOXLEY LN CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN FOURNIER TITLE: TREASURER ADDRESS: 139 JORDANS JOURNEY CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH DELLINGER TITLE: CHAIRMAN ADDRESS: 105 PROCTOR CIR CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARTHA PROSSER TITLE: VICE CHAIRMAN ADDRESS: 104 LOXLEY LN CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JERRY BLEDSOE TITLE: DIRECTOR ADDRESS: 162 RUTH LN CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES EUGENE BUSH TITLE: DIRECTOR ADDRESS: 207 ROBERT ELLIFFE RD CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RITA DAVIS DIRECTOR PO BOX 729 TOANO, VA 23168	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYN DELLINGER DIRECTOR 105 PROCTOR CIR WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE DICKSON DIRECTOR 613 IRONWOOD DR YORKTOWN, VA 23693	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARAH GRAY DIRECTOR 405 TYLER ST WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOIS HORNSBY DIRECTOR 311 INDIAN SPRINGS RD WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEB KRATTER DIRECTOR 113 LONG POINT WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AL MCKENNEY DIRECTOR 516 FAIRFAX WAY WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVELYN MCKENNEY DIRECTOR 516 FAIRFAX WAY WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOROTHY RASKIN DIRECTOR 7 NEWMAN CT WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF RASKIN DIRECTOR 7 NEWMAN CT WILLIAMSBURG, VA 23188	<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/ DAVID PROSSER	DAVID PROSSER, SECRETARY	2/16/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			