

1.) CORPORATION NAME:

THE HAMNER THEATER

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BOOMIE PEDERSEN
1358 MCCAULEY STREET
CROZET, VA**

SCC ID NO: **07224660**

5.) STOCK INFORMATION

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

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 754

CITY/ST/ZIP: CROZET, VA 22932

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 HESSELBART	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	624 BUCK CREEK LANE		
CITY/ST/ZIP/CO:	FABER, VA 22938		
NAME:	BOOMIE PEDERSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1358 MCCAULEY STREET		
CITY/ST/ZIP/CO:	CROZET, VA 22932		
NAME:	PETER COY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	HICKORY CREEK RD.		
CITY/ST/ZIP/CO:	FABER, VA 22938		
NAME:	KERRY MORAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	607 LEXINGTON AVENUE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	CAROL PEDERSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1204 MERIWETHER STREET		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	BIT PRESSLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SUGAR HOLLOW LANE		
CITY/ST/ZIP/CO:	CROZET, VA 22932		

NAME:	RICK STEEVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BELAIRE DRIVE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		
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/ JOHN HESSELBART	JOHN HESSELBART, CHAIRMAN	5/19/2015	
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.			