

1.) CORPORATION NAME:

CULPEPER AIR FEST FOUNDATION, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES R STAKES
212 STACEY COURT
CULPEPER, VA**

SCC ID NO: **07305188**

5.) STOCK INFORMATION

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

CULPEPER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 2046

CITY/ST/ZIP: CULPEPER, VA 22701

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:	JIM CHARAPICH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	405 MCCOY AVE		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	JAMES ROBERT STAKES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	212 STACEY COURT		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	DAVID DUNWOODY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11280 PIMLICO CIRCLE		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	NORM LANDERMULCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1126 OAK LAWN DRIVE		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		
NAME:	ED DALRYMPLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 12		
CITY/ST/ZIP/CO:	MITCHELLS, VA 22729		
NAME:	LEON FINCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	19028 INDUSTRIAL RD		
CITY/ST/ZIP/CO:	CULPEPER, VA 22701		

NAME: SYLKE HEIL TITLE: DIRECTOR ADDRESS: 8075 SPERRYVILLE PK CITY/ST/ZIP/CO: CULPEPER, VA 22701	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVE LOCHRIDGE TITLE: DIRECTOR ADDRESS: 1013 RIDGEMERE LANE CITY/ST/ZIP/CO: CULPEPER, VA 22701	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM STEELE TITLE: DIRECTOR ADDRESS: 7268 PADDOCK WAY CITY/ST/ZIP/CO: WARRENTON, VA 20186	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: FRANCES SHERERTZ TITLE: DIRECTOR ADDRESS: 7331 Covington Home Place, CITY/ST/ZIP/CO: Culpeper, VA 22701	<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/ JAMES ROBERT STAKES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES ROBERT STAKES, TREASURER PRINTED NAME AND CORPORATE TITLE	12/23/2013 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.		