

1.) CORPORATION NAME:

LYNCHBURG REGIONAL AIRSHOW, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES R RICHARDS
725 CHURCH ST STE 1200
LYNCHBURG, VA**

SCC ID NO: **07334956**

5.) STOCK INFORMATION

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

LYNCHBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 310 HANGAR ROAD

CITY/ST/ZIP: LYNCHBURG, VA 24502

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:	JONES H STANLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	843 FATHER JUDGE ROAD		
CITY/ST/ZIP/CO:	MONROE, VA 24574		
NAME:	DAVE YOUNG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	310 HANGAR ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	JOHN E SMOOT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	310 HANGAR ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	DONNA GAUDET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	310 HANGAR ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	DONALD BANKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	P.O. BOX 10875		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	WINFRED D NASH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2546 CENTRAL CHURCH ROAD		
CITY/ST/ZIP/CO:	APPOMATTOX, VA 24522		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEYTON S BAKER DIRECTOR 2016 MT. ATHOS ROAD - MC 79 LYNCHBURG, VA 24504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY FALWELL DIRECTOR 1971 UNIVERSITY BLVD. LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL W RENCHECK DIRECTOR 3315 OLD FOREST ROAD LYNCHBURG, VA 24501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES RICHARDS DIRECTOR 725 CHURCH STREET, SUITE 1200 LYNCHBURG, VA 24504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK H SORRELLS DIRECTOR 2120 LANGHORN ROAD LYNCHBURG, VA 24501	<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/ JOHN E SMOOT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN E SMOOT, TREASURER PRINTED NAME AND CORPORATE TITLE	2/28/2014 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.			