

1.) CORPORATION NAME: THE CUMBERLAND CLOTHES CLOSET	DUE DATE: 3/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BARBARA DANIELS 418 GOSHEN ROAD, CUMBERLAND, VA	SCC ID NO: 07345804
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CUMBERLAND COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 47 COMMUNITY CENTER DR.
BUILDING C., PO BOX 216

CITY/ST/ZIP: CUMBERLAND, VA 23040

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: BARBARA DANIELS	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: President				
ADDRESS: 418 GOSHEN ROAD				
CITY/ST/ZIP/CO: CUMBERLAND, VA 23040				

NAME: EDITH NORCROSS	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 30 WILD TURKEY ROAD				
CITY/ST/ZIP/CO: CUMBERLAND, VA 23040				

NAME: Georgeen Cardin	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 132 Carter Road,				
CITY/ST/ZIP/CO: Cumberland, VA 23040				

NAME: Shirley A. Martin	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 2186 Anderson Highway				
CITY/ST/ZIP/CO: Cumberland, VA 23040				

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/ Shirley A.Martin	Shirley A.Martin,	2/28/2014
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.