

1.) CORPORATION NAME:

Field to Table, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THEODORE M. STUMP
1616 PATRICK HENRY DRIVE
ARLINGTON, VA**

SCC ID NO: **07348642**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 5948

CITY/ST/ZIP: ARLINGTON, VA 22205-0948

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.

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|-----------------|-------------------------|---|-----------------------------------|
| NAME: | MELINDA CATER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 2316 N. KENTUCKY STREET | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22205 | | |

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|-----------------|--------------------------|---|-----------------------------------|
| NAME: | THEODORE STUMP | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE CHAIRMAN | | |
| ADDRESS: | 1616 PATRICK HENRY DRIVE | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22205 | | |

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|-----------------|---------------------|---|-----------------------------------|
| NAME: | ROB SWENNES | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | 6101 N. 22ND STREET | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22205 | | |

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|-----------------|---------------------|----------------------------------|--|
| NAME: | TOBY DALTON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 6029 N. 22ND STREET | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22205 | | |

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|-----------------|---------------------|----------------------------------|--|
| NAME: | JOSH KAPLOWITZ | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 618 N. 24TH STREET | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22205 | | |

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|-----------------|---------------------------|----------------------------------|--|
| NAME: | ROBERT ORTTUNG | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1514 N. LONGFELLOW STREET | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22205 | | |

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|-----------------|---------------------|----------------------------------|--|
| NAME: | NANCY STRINISTE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 5827 N. 19TH STREET | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22205 | | |

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.

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|---|--|-----------------|
| <u>/s/ THEODORE STUMP</u> | <u>THEODORE STUMP, VICE</u> | <u>5/1/2013</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | CHAIRMAN 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.