

1.) CORPORATION NAME:

**Freedom Museum, Inc.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NORBORNE P BEVILLE JR  
9305 GRANT AVE  
MANASSAS, VA**

SCC ID NO: **07379654**

5.) STOCK INFORMATION

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

**MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10600 HARRY J PARRISH BLVD#4

CITY/ST/ZIP: MANASSAS, VA 20110

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: JAMES R PORTER TITLE: PRESIDENT ADDRESS: 10493 CORAL BERRY DRIVE CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT V. FINCH TITLE: TREASURER ADDRESS: 8858 OLDE MILL RUN CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN R. LILLEY TITLE: SECRETARY ADDRESS: 4315 ALDIE ROAD CITY/ST/ZIP/CO: CATHARPIN, VA 20143	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLAUDE J. BRADSHAW TITLE: DIRECTOR ADDRESS: 11913 BLUEBIRD LANE CITY/ST/ZIP/CO: CATHARPIN, VA 20143	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN C. RYCHLIK TITLE: DIRECTOR ADDRESS: 14817 GLEN KIRK ROAD CITY/ST/ZIP/CO: NOKESVILLE, VA 20181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ray Thomann TITLE: DIRECTOR ADDRESS: 15127 Windyhallow CITY/ST/ZIP/CO: Ganisville, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Wesley Wieckowski TITLE: DIRECTOR ADDRESS: 3407 Crly Ln CITY/ST/ZIP/CO: Woodbridge, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Tammy Lyn Perkins TITLE: DIRECTOR ADDRESS: 11306 Lucasville Rd CITY/ST/ZIP/CO: Manassas, VA 20111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ronald Link TITLE: DIRECTOR ADDRESS: 9347 Hedgford St CITY/ST/ZIP/CO: Manassas Park, VA 20111	<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 R PORTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES R PORTER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/14/2014 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.		