

1.) CORPORATION NAME: <b>Hickory Ground Foundation Incorporated</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>PATRICK O BRIEN          506 FOUNTAIN GATE ROAD          HEATHSVILLE, VA</b>	DUE DATE: <b>7/31/2013</b>  SCC ID NO: <b>07396666</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>NORTHUMBERLAND COUNTY</b>			
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 506 FOUNTAIN GATE ROAD  CITY/ST/ZIP: HEATHSVILLE, VA 22473
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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: LESLYE MCDADE-MORRISON TITLE: PRESIDENT ADDRESS: 506 FOUNTAIN GATE ROAD CITY/ST/ZIP/CO: HEATHSVILLE, VA 22473	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: BARTON MORRISON TITLE: DIRECTOR ADDRESS: 506 FOUNTAIN GATE ROAD CITY/ST/ZIP/CO: HEATHSVILLE, VA 22473	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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/ BARTON MORRISON	BARTON MORRISON, DIRECTOR	9/11/2013
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.