

1.) CORPORATION NAME:

Hartwood Days Festival Committee

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIS M MADDEN JR
50 HARTWOOD CHURCH RD
FREDERICKSBURG, VA**

SCC ID NO: **07496201**

5.) STOCK INFORMATION

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

STAFFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 HARTWOOD CHURCH ROAD

CITY/ST/ZIP: FREDERICKSBURG, VA 22406

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:	CHARLES BROWN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	50 HARTWOOD CHURCH ROAD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22406		
NAME:	JAMES BROAD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 HARTWOOD CHURCH ROAD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22406		
NAME:	WILLIS M. MADDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	50 HARTWOOD CHURCH ROAD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22406		
NAME:	DANIEL STOLL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 HARTWOOD CHURCH ROAD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22406		
NAME:	DEE BROAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 HARTWOOD CHURCH ROAD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22406		
NAME:	CHARLES C. BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 HARTWOOD CHURCH ROAD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22406		

NAME: CHARLOTTE R. MADDEN TITLE: DIRECTOR ADDRESS: 48 RICHLAND RD CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Tonja Shafer TITLE: DIRECTOR ADDRESS: 50 HARTWOOD CHURCH ROAD CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ELLA STOLL TITLE: DIRECTOR ADDRESS: 50 HARTWOOD CHURCH ROAD CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<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/ Tonja Shafer	Tonja Shafer, DIRECTOR	12/6/2013
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.