

1.) CORPORATION NAME:

**VIRGINIA SHIELD FOUNDATION, INC.**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM H. PAYNE, II  
10213 RAINTREE COMMONS LANE  
HENRICO, VA**

SCC ID NO: **07497316**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10213 RAINTREE COMMONS LANE

CITY/ST/ZIP: HENRICO, VA 23238

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: WILLIAM H PAYNE II TITLE: PRESIDENT ADDRESS: 10213 RAINTREE COMMONS LANE CITY/ST/ZIP/CO: HENRICO, VA 23238	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID H HEWES TITLE: VICE CHAIRMAN ADDRESS: 188 LIPSCOMB HOLLOW RD CITY/ST/ZIP/CO: AMHERST, VA 24521	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARTH L WHEELER TITLE: CHAIRMAN ADDRESS: 109 MEADOW LANE CITY/ST/ZIP/CO: URBANNA, VA 23175	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CRAIG BRANCH TITLE: DIRECTOR ADDRESS: 7112 WEST ROAD CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD L CAHILL TITLE: DIRECTOR ADDRESS: 20 FLOYD LAND CITY/ST/ZIP/CO: STAFFORD, VA 22554	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAUREEN J HYMAN TITLE: DIRECTOR ADDRESS: 2116 MEGAN DRIVE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: KENNETH W STOLLE TITLE: DIRECTOR ADDRESS: 1804 TREE LINE RD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Anthony W. Roper TITLE: DIRECTOR ADDRESS: Post Office Box 49 CITY/ST/ZIP/CO: Berryville, VA 22611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kenneth Adcock TITLE: DIRECTOR ADDRESS: 1100 Bank Stret CITY/ST/ZIP/CO: Richmond, VA 23219	<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/ WILLIAM H PAYNE II SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM H PAYNE II, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/24/2014 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.		