

1.) CORPORATION NAME:

BATTLEFIELD BEAGLE CLUB, INC.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 E MAIN ST**

SCC ID NO: **07530793**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10601 BROCK ROAD

CITY/ST/ZIP: SPOTSYLVANIA, VA 22553

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: BRIAN LAWRENCE TITLE: PRESIDENT ADDRESS: 10601 BROCK ROAD CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRIAN LAWRENCE TITLE: DIRECTOR ADDRESS: 10601 BROCK ROAD CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MALCOLM SIMIEN SR. TITLE: DIRECTOR ADDRESS: 9 CARTER LANE CITY/ST/ZIP/CO: STAFFORD, VA 22556	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICKEY FORD TITLE: DIRECTOR ADDRESS: 9936 TALLEY ROAD CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAY STOUT TITLE: TREASURER ADDRESS: 7132 SNOWHILL DRIVE CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22551	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RAY STOUT TITLE: DIRECTOR ADDRESS: 7132 SNOWHILL DRIVE CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22551	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: NORMAN DIXSON TITLE: DIRECTOR ADDRESS: 7024 TANGLEWOOD ROAD CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22551	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DARRELL THOMAS TITLE: VICE PRESIDENT ADDRESS: 2577 HOME SITE COURT CITY/ST/ZIP/CO: MIDLAND, VA 22728	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DARRELL THOMAS TITLE: DIRECTOR ADDRESS: 2577 HOME SITE COURT CITY/ST/ZIP/CO: MIDLAND, VA 22728	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LINWOOD MORRIS TITLE: DIRECTOR ADDRESS: 9800 KINGSTON DRIVE CITY/ST/ZIP/CO: PRINCE GEORGE, VA 23875	<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/ BRIAN LAWRENCE	BRIAN LAWRENCE, DIRECTOR	8/2/2013
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.		