

1.) CORPORATION NAME:

Muscarelle Museum of Art Foundation

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHRISTINA CARROLL
603 JAMESTOWN ROAD
ROOM 1**

SCC ID NO: **07564230**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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WILLIAMSBURG, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WILLIAMSBURG CITY (FILED IN JAMES CITY COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 603 Jamestown Road
Room 1

CITY/ST/ZIP: Williamsburg, VA 23185

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:	Janet Osborn	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	5408 23rd Street N		
CITY/ST/ZIP/CO:	Arlington, VA 22205		
NAME:	Jill Lord	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	65 East 96th Street		
CITY/ST/ZIP/CO:	12A New York, NY 10128		
NAME:	Kathleen Durdin	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1820 W. Richardson Place		
CITY/ST/ZIP/CO:	Tampa, FL 33606		
NAME:	J. Robert Mooney	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9311 Cardiff Loop Road		
CITY/ST/ZIP/CO:	Richmond, VA 23236		
NAME:	Polly Bartlett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	211 Southpoint Drive		
CITY/ST/ZIP/CO:	Williamsburg, VA 23185		
NAME:	P. Gray Bowditch	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	113 Post Street		
CITY/ST/ZIP/CO:	Newport News, VA 23601		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barbara Bowers DIRECTOR 415 Rivers Edge Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TJ Cardwell DIRECTOR 3025 John Vaughn Road Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Crank DIRECTOR 601 West 24th Street Richmond, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ann Critchfield DIRECTOR 1040 Riverside Road Roswell, GA 30076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sarah Gunn DIRECTOR 131 Hunting Cove Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph French DIRECTOR 110 Park Avenue Bronxville, NY 10708	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tom Gillman DIRECTOR 601 Richmond Road Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Deborah Hewitt DIRECTOR 112 Greenbrier Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	George Howell DIRECTOR 1110 Helmsley Road Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cindy Jarboe DIRECTOR 271 Archer's Mead Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jennifer Johnson DIRECTOR 2030 Kleinert Avenue Baton Rouge, LA 70806	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jane Kaplan DIRECTOR 3021 Kitchum's Close Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kevin Kelly DIRECTOR 21016 Ashlyn Circle Fort Mill, SC 29707	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gordon Kray DIRECTOR 1869 North Patrick Henry Drive Arlington, VA 22205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Marshall DIRECTOR 27 Village Drive Littleton, CO 80123	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Todd Mooradian DIRECTOR 110 Indian Springs Road Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kathleen Ring DIRECTOR 7 Bayberry Lane Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Roberson DIRECTOR PO Box 280 Williamsburg, VA 23187	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christine Rowland DIRECTOR 432 Woodard's Ford Road Chesapeake, VA 23322	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jane Spurling DIRECTOR PO Box GE60 Saint George GEBX, , BM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ray Stoner DIRECTOR 113 Willow Run Road Fox Chapel, PA 15238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H.C. Thaxton, Jr. DIRECTOR 202 Ruggles Place Richmond, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Theresa Thompson TITLE: DIRECTOR ADDRESS: 4101 North Randolph Court CITY/ST/ZIP/CO: Arlington, VA 22207	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Aaron De Groft TITLE: ASST SECRETARY ADDRESS: 23 Ensign Spence CITY/ST/ZIP/CO: Williamsburg, VA 23185	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Christina Carroll TITLE: ASST SECRETARY ADDRESS: 104 Sir Thomas Lunsford Drive CITY/ST/ZIP/CO: Williamsburg, VA 23185	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: W. Taylor Reveley III TITLE: Ex Officio ADDRESS: PO Box 8795 CITY/ST/ZIP/CO: Williamsburg, VA 23187-8795	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Michael Halleran TITLE: Ex Officio ADDRESS: PO Box 8795 CITY/ST/ZIP/CO: Williamsburg, VA 23187-8795	<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/ Christina Carroll SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Christina Carroll, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/10/2013 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.		