

1.) CORPORATION NAME:

**West Point Society of Monticello**

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HOWARD H HOEGE III  
3165 MALBON DR.  
CHARLOTTESVILLE, VA**

SCC ID NO: **07597495**

5.) STOCK INFORMATION

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

**ALBEMARLE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 5083

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22905

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: HOWARD H HOEGE, III TITLE: PRESIDENT ADDRESS: PO BOX BOX 5083 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22905	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY NEAL TITLE: VICE PRESIDENT ADDRESS: PO BOX 5083 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22905	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: COLLEEN COMPTON TITLE: TREASURER ADDRESS: PO BOX 5083 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22905	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY MILES TITLE: SECRETARY ADDRESS: PO BOX 5083 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22905	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP CLARK TITLE: DIRECTOR ADDRESS: PO BOX 5083 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN CROMBIE TITLE: DIRECTOR ADDRESS: PO BOX 5083 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD DIMEGLIO DIRECTOR PO BOX 5083 CHARLOTTESVILLE, VA 22905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHESTER DYMEK DIRECTOR PO BOX 5083 CHARLOTTESVILLE, VA 22905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK MCCONVILLE DIRECTOR PO BOX 5083 CHARLOTTESVILLE, VA 22905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT SCHUETT DIRECTOR PO BOX 5083 CHARLOTTESVILLE, VA 22905	<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/ COLLEEN COMPTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	COLLEEN COMPTON, TREASURER PRINTED NAME AND CORPORATE TITLE	1/15/2015 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.			