

1.) CORPORATION NAME: <b>Amelia Barter Town, Incorporated</b>	DUE DATE: <b>5/31/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CALVIN J WALKER 9200 S AMELIA AVE AMELIA, VA</b>	SCC ID NO: <b>07648439</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>AMELIA COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 920 S AMELIA AVE  CITY/ST/ZIP: AMELIA, VA 23002	
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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: CALVIN J WALKER TITLE: PRESIDENT ADDRESS: 9200 S AMELIA AVE CITY/ST/ZIP/CO: AMELIA, VA 23002	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ED GORDON TITLE: VICE PRESIDENT ADDRESS: 13342 LODORE RD CITY/ST/ZIP/CO: AMELIA, VA 23002	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LEROY MORRIS TITLE: TREASURER ADDRESS: 19841 MT. ZION DR. CITY/ST/ZIP/CO: JETERSVILLE, VA 23083	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: SALLIE GORDON TITLE: SECRETARY ADDRESS: 13342 LODORE RD CITY/ST/ZIP/CO: AMELIA, VA 23002	<input checked="" type="checkbox"/>	OFFICER	<input 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/ CALVIN J WALKER	CALVIN J WALKER, PRESIDENT	6/25/2015
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.