

1.) CORPORATION NAME:

INGLES MARKETS, INCORPORATED

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

J D BOWIE

502 CUMBERLAND STREET

PO BOX 16395

BRISTOL, VA 24209

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BRISTOL CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

DUE DATE: **10/31/2011**

SCC ID NO: **F0523565**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	150,000,000
COMB	100,000,000
PREFER	10,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 6676

CITY/ST/ZIP: ASHEVILLE, NC 28816-

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:	JAMES W LANNING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6 TROTTER CIRCLE		
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28803-		
NAME:	RONALD B FREEMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP-FINANCE/CFO		
ADDRESS:	499 KIMBERLY AVENUE		
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28804-		
NAME:	PATRICIA E. JACKSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	31 STONE CREEK RD.		
CITY/ST/ZIP/CO:	FLETCHER, NC 28732-		
NAME:	CHARLES GAITHER, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	394 MILL RIDGE DRIVE		
CITY/ST/ZIP/CO:	MILLS RIVER, NC 28759-		
NAME:	FRED D. AYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	71 GROVEWOOD RD.		
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28804-		

NAME: JOHN O. POLLARD TITLE: DIRECTOR ADDRESS: 4310 ARBORWAY CITY/ST/ZIP/CO: CHARLOTTE, NC 28211-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LAURA INGLE SHARP TITLE: DIRECTOR ADDRESS: 45 RUMSON WAY, NE CITY/ST/ZIP/CO: ATLANTA, GA 30305-3115	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT P. INGLE, II TITLE: CEO & CHAIRMAN ADDRESS: 185 KIMBERLY RD CITY/ST/ZIP/CO: ASHEVILLE, NC 28804-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES E RUSSELL TITLE: DIRECTOR ADDRESS: 120 KIMBERLY AVE CITY/ST/ZIP/CO: ASHEVILLE, NC 28804-	<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/ RONALD B FREEMAN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD B FREEMAN, VP- FINANCE/CFO _____ 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.	