

1.) CORPORATION NAME:

INGLES MARKETS, INCORPORATED

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**J D BOWIE
502 CUMBERLAND STREET
PO BOX 16395**

SCC ID NO: **F0523565**

BRISTOL, VA 24209

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BRISTOL CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

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 TITLE: PRESIDENT ADDRESS: 6 TROTTER CIRCLE CITY/ST/ZIP/CO: ASHEVILLE, NC 28803	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD B FREEMAN TITLE: VP-FINANCE/CFO ADDRESS: 499 KIMBERLY AVENUE CITY/ST/ZIP/CO: ASHEVILLE, NC 28804	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICIA E. JACKSON TITLE: SECRETARY ADDRESS: 31 STONE CREEK RD. CITY/ST/ZIP/CO: FLETCHER, NC 28732	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Larry Keith Collins TITLE: DIRECTOR ADDRESS: 33 Thermal Hill Lane CITY/ST/ZIP/CO: Tryon, NC 28782	<input checked="" 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: FRED D. AYERS TITLE: DIRECTOR ADDRESS: 71 GROVEWOOD RD. CITY/ST/ZIP/CO: ASHEVILLE, NC 28804	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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: 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	
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	
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	9/24/2012 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.		