

1.) CORPORATION NAME:

**INGLES MARKETS, INCORPORATED**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0523565**

**BRISTOL, VA**

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.

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|--|---|--|
| NAME: JAMES W LANNING<br>TITLE: PRESIDENT<br>ADDRESS: 6 TROTTER CIRCLE<br>CITY/ST/ZIP/CO: ASHEVILLE, NC 28803          | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: RONALD B FREEMAN<br>TITLE: VP-FINANCE/CFO<br>ADDRESS: 499 KIMBERLY AVENUE<br>CITY/ST/ZIP/CO: ASHEVILLE, NC 28804 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LARRY KEITH COLLINS<br>TITLE: DIRECTOR<br>ADDRESS: 33 THERMAL HILL LANE<br>CITY/ST/ZIP/CO: TRYON, NC 28782       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROBERT P. INGLE, II<br>TITLE: CEO & CHAIRMAN<br>ADDRESS: 185 KIMBERLY RD<br>CITY/ST/ZIP/CO: ASHEVILLE, NC 28804  | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: PATRICIA E. JACKSON<br>TITLE: SECRETARY<br>ADDRESS: 31 STONE CREEK RD.<br>CITY/ST/ZIP/CO: FLETCHER, NC 28732     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: FRED D. AYERS<br>TITLE: DIRECTOR<br>ADDRESS: 71 GROVEWOOD RD.<br>CITY/ST/ZIP/CO: ASHEVILLE, NC 28804             | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |

|  |  |  |
|--|--|--|
| NAME: JOHN O. POLLARD<br>TITLE: DIRECTOR<br>ADDRESS: 4310 ARBORWAY<br>CITY/ST/ZIP/CO: CHARLOTTE, NC 28211  | <input type="checkbox"/> OFFICER                                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CHARLES E RUSSELL<br>TITLE: DIRECTOR<br>ADDRESS: 120 KIMBERLY AVE<br>CITY/ST/ZIP/CO: ASHEVILLE, NC 28804   | <input type="checkbox"/> OFFICER                                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LAURA INGLE SHARP<br>TITLE: DIRECTOR<br>ADDRESS: 45 RUMSON WAY, NE<br>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<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | RONALD B FREEMAN, VP-FINANCE/CFO<br>PRINTED NAME AND CORPORATE TITLE | 10/9/2013<br>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. |  |  |