

1.) CORPORATION NAME: H. G. Reynolds Co., Inc.	DUE DATE: 8/31/2013						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET	SCC ID NO: F1082926						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td style="text-align: center;">30,000</td> </tr> <tr> <td>PREFER</td> <td style="text-align: center;">70,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	30,000	PREFER	70,000
CLASS		AUTHORIZED					
COMMON	30,000						
PREFER	70,000						
4.) STATE OR COUNTRY OF INCORPORATION: SC							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 113 CONTRACT DRIVE

CITY/ST/ZIP: AIKEN, SC 29801

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: JEFFREY G REYNOLDS TITLE: PRESIDENT ADDRESS: 113 CONTRACT DRIVE CITY/ST/ZIP/CO: AIKEN, SC 29801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
----------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: E LELAND REYNOLDS TITLE: VICE PRESIDENT ADDRESS: 113 CONTRACT DRIVE CITY/ST/ZIP/CO: AIKEN, SC 29801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
--------------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: LISA B BENTON TITLE: DIRECTOR ADDRESS: 113 CONTRACT DRIVE CITY/ST/ZIP/CO: AIKEN, SC 29801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
----------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------	--

NAME: DEBORAH NELSON TITLE: DIRECTOR ADDRESS: 113 CONTRACT DRIVE CITY/ST/ZIP/CO: AIKEN, SC 29801	<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/ DEBORAH NELSON	DEBORAH NELSON, DIRECTOR	8/26/2013
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.