

1.) CORPORATION NAME:

THE CHESAPEAKE & OHIO HISTORICAL SOCIETY, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS W DIXON
18292 FOREST RD
FOREST, VA**

SCC ID NO: **F1815804**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BEDFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 312 E RIDGEWAY ST

CITY/ST/ZIP: CLIFTON FORGE, VA 24422

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:	THOMAS W DIXON, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CHRMN EMER		
ADDRESS:	C/O TLC PUBLISHING, INC		
CITY/ST/ZIP/CO:	18292 FOREST RD FOREST, VA 24551		
NAME:	LARS LEMBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2267 CEDAR COVE CT		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	E STERLING HANGER, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P O BOX 146		
CITY/ST/ZIP/CO:	ALDERSON, WV 24910		
NAME:	KERRY L WORSHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/TREAS		
ADDRESS:	14887 LAMBETH SQUARE		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20120		
NAME:	DAVID L POWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1016 LADD RD		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		
NAME:	HARRY B SIPPLE, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO Box 27067		
CITY/ST/ZIP/CO:	PANAMA CITY, FL 32411		

NAME: CHARLES B KIDD TITLE: VICE PRESIDENT ADDRESS: 9371 SHEVLIN CT CITY/ST/ZIP/CO: NOKESVILLE, VA 20181	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM F MICHIE, III TITLE: DIRECTOR ADDRESS: 8165 CRESTLINE LN CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT I CATLIN, II TITLE: DIRECTOR ADDRESS: 8 CROFTLEY RD CITY/ST/ZIP/CO: LUTHERVILLE, MD 21093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS E CLAY TITLE: DIRECTOR ADDRESS: 327 BATH ST CITY/ST/ZIP/CO: CLIFTON FORGE, VA 24422	<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/ LARS LEMBERG	LARS LEMBERG, PRESIDENT	2/24/2014
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.		