

**2022 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00357574
Filing Number: 2204014381083
Filing Date/Time: 04/01/2022 03:24 PM
Effective Date/Time: 04/01/2022 03:24 PM



1. CORPORATION NAME:
PAGE CO-OPERATIVE FARM BUREAU, INC. DUE DATE: **05/31/22**
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR SCC ID NO.: **0035757-4**
DARRELL B HULVER
127 BIG OAK RD
LURAY, VA 22835-0000
5. TOTAL NUMBER OF AUTHORIZED SHARES:
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
139-PAGE COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

| | |
|---|---|
| <input checked="" type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 127 BIG OAK RD CITY/ST/ZIP LURAY, VA 22835-0000 | ADDRESS: CITY/ST/ZIP |

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.

| | |
|---|--|
| Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| <p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: ROBERT VOGT TITLE: Vice President ADDRESS: 488 KAUFFMAN MILL RD CITY/ST/ZIP: LURAY, VA 22835- | <p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

I affirm that the information contained in this report is accurate and complete as of the date below.

Darrell B. Hulver
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Darrell B. Hulver, Secretary/Treasurer 3/29/22
PRINTED NAME AND CORPORATE TITLE DATE

2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:
PAGE CO-OPERATIVE FARM BUREAU, INC.

DUE DATE: 05/31/22
SCC ID NO.: 0035757-4

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
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|---|--|
| <p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> |
| <p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: DARRELL B HULVER TITLE: Secretary, Trea ADDRESS: 632 LAKE ARROWHEAD RD CITY/ST/ZIP: , VA 22835-</p> | <p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: John D. Foltz TITLE: ADDRESS: 504 E. Branch Rd. CITY/ST/ZIP: Luray, VA 22835</p> |
| <p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> |
| <p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DAVID THOMAS TITLE: ADDRESS: 390 ALMOND DR. CITY/ST/ZIP: LURAY, VA 22835-0000</p> | <p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Bill Yancey TITLE: ADDRESS: 186 Misty View CITY/ST/ZIP: Luray, VA 22835</p> |
| <p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> |
| <p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: T. JEFF JENNINGS TITLE: ADDRESS: 1867 LONGS RD. CITY/ST/ZIP: LURAY, VA 22835-0000</p> | <p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Donnie Atwood TITLE: President ADDRESS: 348 Farmview Rd. CITY/ST/ZIP: Luray, VA 22835</p> |
| <p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> |
| <p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JOHN R. RUFFNER TITLE: ADDRESS: 3671 FARMVIEW RD. CITY/ST/ZIP: Stanley, VA 22851-0000</p> | <p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: William J. Turner TITLE: ADDRESS: 113 Old Boyer Ln. CITY/ST/ZIP: Shenandoah, VA 22849</p> |

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