

1.) CORPORATION NAME:

**The State Fair of Virginia, Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **00028191**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
JODI L BUFFORD  
14020 DAWN BLVD  
DOSWELL, VA 23047**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CAROLINE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14020 DAWN BLVD

CITY/ST/ZIP: DOSWELL, VA 23047-

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: CURRY A ROBERTS  
TITLE: PRESIDENT  
ADDRESS: 306 CHESWICK LANE  
CITY/ST/ZIP/CO: RICHMOND, VA 23229-

OFFICER

DIRECTOR

NAME: JOHN B ADAMS JR  
TITLE: CHAIRMAN  
ADDRESS: ONE BOWMAN DRIVE  
SUITE 150  
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408-

OFFICER

DIRECTOR

NAME: G. WILLIAM BEALE  
TITLE: DIRECTOR  
ADDRESS: PO BOX 446  
CITY/ST/ZIP/CO: BOWLING GREEN, VA 22427-

OFFICER

DIRECTOR

NAME: WILLIAM S MISTR  
TITLE: DIRECTOR  
ADDRESS: 14210 LEAFIELD DRIVE  
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-

OFFICER

DIRECTOR

NAME: FRANK ATKINSON  
TITLE: DIRECTOR  
ADDRESS: 901 E. CARY ST.  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. JAMES BAYNE DIRECTOR P.O. BOX 120568 NEWPORT NEWS, VA 23612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD CHICHESTER DIRECTOR 564 CAMBRIDGE ST. FALMOUTH, VA 22405-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIXIE WATTS DALTON DIRECTOR 10114 SOUTH HILL RD. KENBRIDGE, VA 23944-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. WILLIAM DOWDY DIRECTOR P.O. BOX 644 SPRINGFIELD, VA 22150-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. TYSON GILPIN DIRECTOR 217 S. LOUDOUN STREET WINCHESTER, VA 22601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRITTON GLISSON DIRECTOR 4600 COX RD. GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE HAZELGROVE DIRECTOR 330 S. FOURTH STREET RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA LOUGHRIDGE DIRECTOR 335 CLOVELLY RD. RICHMOND, VA 23221-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER MCCLELLAN DIRECTOR 703 E. GRACE STREET, 7TH FLOOR RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIEN PATTERSON DIRECTOR 14151 PARK MEADOW DR., STE 300 CHANTILLY, VA 20151-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CHARLES W. PAYNE TITLE: DIRECTOR ADDRESS: 725 JACKSON STREET, STE 200 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: W. LYLE PUGH, SR. TITLE: DIRECTOR ADDRESS: 1755 CENTERVILLE TURNPIKE, S. CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES ROBERTS TITLE: DIRECTOR ADDRESS: P.O. BOX 1122 CITY/ST/ZIP/CO: RICHMOND, VA 23028-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CLINTON TURNER TITLE: DIRECTOR ADDRESS: 3000 KENMORE RD. CITY/ST/ZIP/CO: RICHMOND, VA 23225-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM WASHINGTON TITLE: DIRECTOR ADDRESS: P.O. BOX 878 CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JODI L BUFFORD TITLE: Treas/Sec ADDRESS: 9132 POLO PONY CT CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116-	<input checked="" type="checkbox"/> OFFICER <input 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/ JODI L BUFFORD	JODI L BUFFORD, Treas/Sec
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE
5/6/2011	
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.	