

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21301.2173--12/3/2012

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21301.2173

1. CORPORATION NAME:
 SOUTHERN STATES HAMPSTEAD COOPERATIVE, INCORPORATED

DUE DATE: 01/31/13

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
 KIMBERLY G BRAM

SCC ID NO.: 0043650-1

6606 W BROAD ST
 PO BOX 26234
 RICHMOND, VA 23260

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
 143-HENRICO COUNTY

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREF A	49,000
PREF B	250,000

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: 6606 W BROAD ST °	ADDRESS:
CITY/ST/ZIP RICHMOND, VA 23230	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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: GEORGE BROOKS	NAME: G. NELSON BARNES
TITLE: PRESIDENT	TITLE: DIRECTOR
ADDRESS: 300 LEES MILL ROAD	ADDRESS: 2831 OLD WASHINGTON ROAD
CITY/ST/ZIP: HAMPSTEAD, MD 21074	CITY/ST/ZIP: WESTMINSTER, MD 21157

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

	ASHLEY S. BROOKS, SECRETARY	11/27/12
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 that is false in any material respect with intent that the document be delivered to the Commission for filing.

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
 An individual may be designated as both a director and an officer.

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OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: CARL SEILER TITLE: VP/D ADDRESS: 1937 HAMPSTEAD MEXICO RD CITY/ST/ZIP: WESTMINSTER, MD 21157	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: H. LEE MORFOOT TITLE: PUBLIC DIRECTOR ADDRESS: 4227 BLACK ROCK ROAD CITY/ST/ZIP: UPPERCO, MD 21155
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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: LESLIE T NEWTON TITLE: TREASURER ADDRESS: 109 EARLY ST CITY/ST/ZIP: ASHLAND, VA 23005	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: HARRY SELLERS TITLE: DIRECTOR ADDRESS: 3000 TRACEYS MILL ROAD CITY/ST/ZIP: MANCHESTER, MD 21102
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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: ASHLEY S BROOKS TITLE: SECRETARY ADDRESS: 507 S GASKINS RD CITY/ST/ZIP: RICHMOND, VA 23238	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DAVID A. FLEMING TITLE: DIRECTOR ADDRESS: 2501 OLD FORT SCHOOLHOUSE ROAD CITY/ST/ZIP: HAMPSTEAD, MD 21074
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
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: COOPER WILLIAMS TITLE: DIRECTOR ADDRESS: 720 HOUCKSVILLE RD CITY/ST/ZIP: HAMPSTEAD, MD 21074	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: