

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21205.4713--3/9/2012

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212054713

1. CORPORATION NAME:
SOUTHERN STATES HAMPSTEAD COOPERATIVE, INCORPORATED

DUE DATE: 01/31/12

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: CARL SEILER	NAME: G. NELSON BARNES
TITLE: VP/D	TITLE: DIRECTOR
ADDRESS: 1937 HAMPSTEAD MEXICO RD	ADDRESS: 2831 OLD WASHINGTON ROAD
CITY/ST/ZIP: WESTMINSTER, MD 21157	CITY/ST/ZIP: WESTMINSTER, MD 21157

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

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

ASHLEY S. BROOKS, SECRETARY
PRINTED NAME AND CORPORATE TITLE

3/6/12
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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CORPORATION NAME: SOUTHERN STATES HAMPSTEAD COOPERATIVE, INCORPORATE
 DUE DATE: 01/31/12
 SCC ID NO.: 0043650-1

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.

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"/>		OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	
NAME:	LESLIE T NEWTON	NAME:	H. LEE MORFOOT
TITLE:	TREASURER	TITLE:	PUBLIC DIRECTOR
ADDRESS:	109 EARLY ST	ADDRESS:	4227 BLACK ROCK ROAD
CITY/ST/ZIP:	ASHLAND, VA 23005	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"/>		OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	
NAME:	ASHLEY S BROOKS	NAME:	DAVID A. FLEMING
TITLE:	SECRETARY	TITLE:	DIRECTOR
ADDRESS:	507 S GASKINS RD	ADDRESS:	2501 OLD FORT SCHOOLHOUSE ROAD
CITY/ST/ZIP:	RICHMOND, VA 23238	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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	
NAME:	HARRY SELLERS	NAME:	GEORGE BROOKS
TITLE:	DIRECTOR	TITLE:	PRESIDENT/DIRECTOR
ADDRESS:	3000 TRACEYS MILL ROAD	ADDRESS:	300 LEES MILL ROAD
CITY/ST/ZIP:	MANCHESTER, MD 21102	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"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME:	COOPER WILLIAMS	NAME:	
TITLE:	DIRECTOR	TITLE:	
ADDRESS:	720 HOUCKSVILLE RD	ADDRESS:	
CITY/ST/ZIP:	HAMPSTEAD, MD 21074	CITY/ST/ZIP:	