2021 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00522888
Filing Number: 2101292858126
Filing Date Time: 01609/202111139 AW
Efficitive Date/File: 2112912 2 2 41:53 AM

| 1. | CORPORATION NAME: | |
|----|--------------------------------------|------|
| | VIRGINIA PEANUT GROWERS ASSOCIATION. | INC. |

DUE DATE: 02/28/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR

SCC ID NO.: 0052288-8

THOMAS R COTTON JR VA PEANUT GROWERS ASSOC 1001 CAMPBELL AVE PO BOX 59 FRANKLIN, VA 23851-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES:

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 620-FRANKLIN CITY (FILED IN SO
- 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:

| 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: 1001 CAMPBELL AVE PO BOX 59 | ADDRESS: |
| , - | |
| | |
| CITY/ST/ZIP FRANKLIN, VA 22851-0059 | 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.

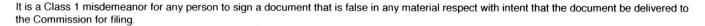
Mark appropriate box unless area below is blank: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below Information is correct Information is incorrect Delete information ☐ Correction ☐ Addition ☐ Replacement OFFICER X DIRECTOR X OFFICER DIRECTOR D NAME: Rich Williams NAME: HENRY GOODRICH TITLE: President TITLE: President ADDRESS: 1116 GOODRICH FORK RD. ADDRESS: 1876 Kings Fork Rd. CITY/ST/ZIP: Suffolk, VA 23434 CITY/ST/ZIP: Wakefield, VA 23888-0000

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 PRINTED NAME AND CORPORATE TITLE

DATE

0011840



CORPORATION NAME:

VIRGINIA PEANUT GROWERS ASSOCIATION, INC.

DUE DATE:

02/28/21

SCC ID NO.:

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

| 7. DIRECTORS AND PRINCIPAL OFFICERS: (continued) | An individual may be designated as both a director and an officer. |
|--|---|
| Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| OFFICER 🗖 DIRECTOR 🗌 | OFFICER DIRECTOR |
| NAME: THOMAS R COTTON JR | NAME: |
| TITLE: Secretary, Trea | TITLE: |
| ADDRESS: 6016 MULNERS RD | ADDRESS: |
| CITY/ST/ZIP: Suffolk, VA 23434-0000 | CITY/ST/ZIP: |
| Mark appropriate box unless area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: |
| M Information is correct ☐ Information is incorrect ☐ Delete information | Correction Addition Replacement |
| OFFICER DIRECTOR X | OFFICER DIRECTOR |
| NAME: BRANDON CLEMENTS | NAME: |
| TITLE: | TITLE: |
| ADDRESS: 791 BEEF RD. | ADDRESS: |
| CITY/ST/ZIP: EMPORIA, VA 23847-0000 | CITY/ST/ZIP: |
| Mark appropriate box unless area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate |
| M Information is correct ☐ Information is incorrect ☐ Delete information | box and enter information below: Correction Addition Replacement |
| OFFICER DIRECTOR | OFFICER DIRECTOR |
| NAME: TAYLOR OUTLAND | NAME: |
| TITLE: | TITLE: |
| ADDRESS: 30304 OUTLAND DR. | ADDRESS: |
| CITY/ST/ZIP: CARRSVILLE, VA 23315-0000 | CITY/ST/ZIP: |
| Mark appropriate box unless area below is blank: Mark appropriate box unless area below is blank: Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: |
| M Information is correct ☐ Information is incorrect ☐ Delete information | Correction Addition Replacement |
| OFFICER DIRECTOR | OFFICER DIRECTOR |
| NAME: JEFF ROACH | NAME: |
| TITLE: | TITLE: |
| ADDRESS: 1975 GRASSY POND RD. | ADDRESS: |
| CITY/ST/ZIP: EMPORIA, VA 23847-0000 | CITY/ST/ZIP: |



CORPORATION NAME: VIRGINIA PEANUT GROWERS ASSOCIATION, INC. DUE DATE:

02/28/21

SCC ID NO.: 0052288-8

| 7. DIRECTORS AND PRINCIPAL OFFICERS: (continued) | An individual may be designated as both a director and an officer. |
|--|---|
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☒ Addition ☐ Replacement |
| OFFICER DIRECTOR | OFFICER ☐ DIRECTOR ☒ |
| NAME: | NAME: Austin Hale |
| TITLE: | TITLE: Director |
| ADDRESS: | ADDRESS: 17719 Bolsters Rd. |
| CITY/ST/ZIP: | CITY/ST/ZIP: Stony Creek, VA 23882 |
| Mark appropriate box unless area below is blank: Information is correct Information Info | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| OFFICER DIRECTOR | OFFICER DIRECTOR [4] |
| NAME: | NAME: Randy Everett |
| TITLE: | TITLE: Director |
| ADDRESS: | ADDRESS: 18291 Concord Sappony Rd. |
| CITY/ST/ZIP: | CITY/ST/ZIP: Stony Creek, VA 23882 |
| | |
| Mark appropriate box unless area below is blank: Information is correct Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement |
| | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement OFFICER DIRECTOR |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: Randy Robinson |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: Randy Robinson TITLE: Director |
| OFFICER DIRECTOR NAME: TITLE: ADDRESS: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: Randy Robinson TITLE: Director ADDRESS: 2579 Otterdam Rd. |
| OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: Randy Robinson TITLE: Director ADDRESS: 2579 Otterdam Rd. CITY/ST/ZIP: Emporia, VA 23847 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: |
| OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: Information is incorrect Delete information Delete information Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: Randy Robinson TITLE: Director ADDRESS: 2579 Otterdam Rd. CITY/ST/ZIP: Emporia, VA 23847 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: Information is correct Delete information OFFICER DIRECTOR DIR | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: Randy Robinson TITLE: Director ADDRESS: 2579 Otterdam Rd. CITY/ST/ZIP: Emporia, VA 23847 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR OFFICER DIRECTOR OFFICER DIRECTOR |
| OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: Information is correct Delete information OFFICER DIRECTOR NAME: OFFICER DIRECTOR NAME: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: Randy Robinson TITLE: Director ADDRESS: 2579 Otterdam Rd. CITY/ST/ZIP: Emporia, VA 23847 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: Kirk Jones |



CORPORATION NAME: VIRGINIA PEANUT GROWERS ASSOCIATION, INC. DUE DATE: 02/28/21

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DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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| Mark appropriate box unle | ess area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate |
| ☐ Information is correct | ☐ Information is incorrect ☐ Delete information | box and enter information below: Correction 🔀 Addition 🗆 Replacement |
| | OFFICER DIRECTOR | OFFICER □ DIRECTOR ☑ |
| NAME: | | NAME: Greg Butler |
| TITLE: | • | TITLE: Director |
| ADDRESS: | | ADDRESS: 20150 Quaker Rd. |
| CITY/ST/ZIP: | | CITY/ST/ZIP: Windsor, VA 23487 |
| Mark appropriate box unle | ess area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate |
| ☐ Information is correct | ☐ Information is incorrect ☐ Delete information | box and enter information below: Correction 🙀 Addition 🔲 Replacement |
| | OFFICER DIRECTOR | OFFICER ☐ DIRECTOR ☒ |
| NAME: | " a a | NAME: Robert Bridges |
| TITLE: | | TITLE: Director |
| ADDRESS: | | ADDRESS: 20262 Orbit Rd. |
| CITY/ST/ZIP: | to the contract of the contrac | CITY/ST/ZIP: Windsor, VA 23487 |
| | | 2 |
| Mark appropriate box unle | ess area below is blank: Information is incorrect Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Replacement |
| 1.00 | 8 | box and enter information below: |
| 1.00 | ☐ Information is incorrect ☐ Delete information | box and enter information below: Correction 3 Addition Replacement |
| ☐ Information is correct | ☐ Information is incorrect ☐ Delete information | box and enter information below: Correction Addition Replacement OFFICER DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR |
| Information is correct NAME: | ☐ Information is incorrect ☐ Delete information | box and enter information below: ☐ Correction ☐ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☒ NAME: Jason Holland |
| Information is correct NAME: TITLE: | ☐ Information is incorrect ☐ Delete information | DIRECTOR NAME: Jason Holland TITLE: Director |
| NAME: TITLE: ADDRESS: | ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ | DIRECTOR NAME: Jason Holland TITLE: Director ADDRESS: 2550 Longstreet Lane |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP: | ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ ess area below is blank: | DIRECTOR NAME: Jason Holland TITLE: Director ADDRESS: 2550 Longstreet Lane CITY/ST/ZIP: Suffolk, VA 23434 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP: | ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ Personal Delete information Personal Delete information Delete information Delete information | DIRECTOR NAME: Jason Holland TITLE: Director ADDRESS: 2550 Longstreet Lane CITY/ST/ZIP: Suffolk, VA 23434 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction Addition ☐ Replacement |
| □ Information is correct NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unle | ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ Personal Delete information Personal Delete information Delete information Delete information | DIRECTOR NAME: Jason Holland TITLE: Director ADDRESS: 2550 Longstreet Lane CITY/ST/ZIP: Suffolk, VA 23434 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☒ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☒ |
| □ Information is correct NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unle □ Information is correct NAME: | ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ Personal Delete information Personal Delete information Delete information Delete information | OFFICER DIRECTOR NAME: Jason Holland TITLE: Director ADDRESS: 2550 Longstreet Lane CITY/ST/ZIP: Suffolk, VA 23434 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: Travis Bailey |



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| 7. DIRECTORS AND PRINCIPAL OFFICERS: (continued) | An individual may be designated as both a director and an officer. |
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| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☑ Addition ☐ Replacement |
| OFFICER DIRECTOR | OFFICER ☐ DIRECTOR ☒ |
| NAME: | NAME: Charles Archer |
| TITLE: | TITLE: Director |
| ADDRESS: | ADDRESS: 6238 Rhodes Dr. |
| CITY/ST/ZIP: | CITY/ST/ZIP: Windsor, VA 23487 |
| Mark appropriate box unless area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information | box and enter information below: Correction Addition Replacement |
| OFFICER DIRECTOR | OFFICER ☐ DIRECTOR ☒ |
| NAME: | NAME: Michael Ellis |
| TITLE: | TITLE: Director |
| ADDRESS: | ADDRESS: 6321 Whaleyville Blvd. |
| CITY/ST/ZIP: | CITY/ST/ZIP: Suffolk, VA 23438 |
| | |
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
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| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: | box and enter information below: ☐ Correction ☒ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☒ NAME: Calvin Clements |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE: | DIRECTOR NAME: Calvin Clements Director |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE: ADDRESS: | DIRECTOR NAME: Calvin Clements TITLE: Director ADDRESS: 800 Montpelier Rd. |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: | DIRECTOR NAME: Calvin Clements TITLE: Director ADDRESS: 800 Montpelier Rd. CITY/ST/ZIP: Spring Grove, VA 23881 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information ☐ Delete information | DIRECTOR ☐ DIRECTOR ☐ NAME: Calvin Clements TITLE: Director ADDRESS: 800 Montpelier Rd. CITY/ST/ZIP: Spring Grove, VA 23881 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement |
| □ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: □ Information is correct □ Information □ Delete information OFFICER □ DIRECTOR □ | DIRECTOR ☐ DIRECTOR ☐ NAME: Calvin Clements TITLE: Director ADDRESS: 800 Montpelier Rd. CITY/ST/ZIP: Spring Grove, VA 23881 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☐ |
| □ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: □ Information is correct □ Information □ Delete information OFFICER □ DIRECTOR □ NAME: | OFFICER DIRECTOR NAME: Calvin Clements TITLE: Director ADDRESS: 800 Montpelier Rd. CITY/ST/ZIP: Spring Grove, VA 23881 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: Richard Kitchen |



CORPORATION NAME:

VIRGINIA PEANUT GROWERS ASSOCIATION, INC.

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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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| Mark appropriate box unless area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information | ☐ Correction ☐ Addition ☐ Replacement |
| OFFICER DIRECTOR | OFFICER DIRECTOR |
| NAME: | NAME: Westley Drake |
| TITLE: | TITLE: Director |
| ADDRESS: | ADDRESS: 31361 Sands Rd. |
| CITY/ST/ZIP: | CITY/ST/ZIP: Newsoms, VA 23874 |
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☒ Addition ☐ Replacement |
| OFFICER DIRECTOR | OFFICER DIRECTOR |
| NAME: | NAME: Matthew Drake |
| TITLE: | TITLE: Director |
| ADDRESS: | ADDRESS: 31426 Sunbeam Rd. |
| CITY/ST/ZIP: | CHTY/ST/ZIP: Franklin, VA 23851 |
| | |
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement |
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| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: | box and enter information below: ☐ Correction ☒ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☒ NAME: Ryan Piţtman |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE: | box and enter information below: ☐ Correction ☒ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☒ NAME: Ryan Pittman TITLE: Director |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE: ADDRESS: | box and enter information below: ☐ Correction ☒ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☒ NAME: Ryan Pittman TITLE: Director ADDRESS: 15323 Wakefield Rd. |
| OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: | DIRECTOR NAME: Ryan Pittman TITLE: Director ADDRESS: 15323 Wakefield Rd. CITY/ST/ZIP: Courtland, VA 23837 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: |
| □ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: □ Information is correct □ Information □ Delete information | DIRECTOR ☑ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☑ NAME: Ryan Pittman TITLE: Director ADDRESS: 15323 Wakefield Rd. CITY/ST/ZIP: Courtland, VA 23837 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☑ Addition ☐ Replacement |
| OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information OFFICER DIRECTOR DIREC | DIRECTOR NAME: Ryan Pittman TITLE: Director ADDRESS: 15323 Wakefield Rd. CITY/ST/ZIP: Courtland, VA 23837 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☒ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☒ |
| OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: Information is correct DIRECTOR DIRECTOR NAME: OFFICER DIRECTOR DIRECTO | DIRECTOR ☐ NAME: Ryan Pittman TITLE: Director ADDRESS: 15323 Wakefield Rd. CITY/ST/ZIP: Courtland, VA 23837 If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement OFFICER ☐ DIRECTOR ☐ NAME: Jason Hodges |



CORPORATION NAME:

VIRGINIA PEANUT GROWERS ASSOCIATION, INC.

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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.

| Mark appropriate box unless Information is correct | s area below is blank: Information is incorrect Delete information | If the block to the left is blar box and enter information b | nk or contains incorrect data, please mark appropriate selow: Correction Addition Replacement |
|---|---|--|--|
| 8 8 8 | OFFICER DIRECTOR | | OFFICER I DIRECTOR I |
| NAME: | | NAME: W | Wesley Barnes |
| TITLE: | | TITLE: V | ice - President |
| ADDRESS: | * | ADDRESS: 1 | 7264 Ivor Rd. |
| CITY/ST/ZIP: | | CITY/ST/ZIP: 0 | Courtland, VA 23837 |
| Mark appropriate box unless Information is correct | s area below is blank: Information is incorrect Delete information | If the block to the left is blar box and enter information b | nk or contains incorrect data, please mark appropriate pelow: Correction 🔀 Addition 🗆 Replacement |
| | OFFICER DIRECTOR | 9 11+00 g | OFFICER DIRECTOR |
| NAME: | | NAME: | lenry Goodrich |
| TITLE: | | TITLE: D | irector |
| ADDRESS: | | ADDRESS: 1 | 116 Goodrich Fork Rd. |
| CITY/ST/ZIP: | e Hamilton a come make | CITY/ST/ZIP: W | Jakefield, VA 23888 |
| | | | |
| Mark appropriate box unless | s area below is blank: Information is incorrect Delete information | If the block to the left is blar box and enter information b | nk or contains incorrect data, please mark appropriate pelow: |
| | | | pelow. |
| | ☐ Information is incorrect ☐ Delete information | box and enter information b | pelow: ☐ Correction ☒ Addition ☐ Replacement |
| ☐ Information is correct | ☐ Information is incorrect ☐ Delete information | NAME: G | OFFICER DIRECTOR |
| ☐ Information is correct NAME: | ☐ Information is incorrect ☐ Delete information | NAME: G | OFFICER DIRECTOR Separation Replacement DIRECTOR Separation DIRECTOR DIR |
| □ Information is correct NAME: TITLE: | ☐ Information is incorrect ☐ Delete information | NAME: G TITLE: D ADDRESS: P | OFFICER DIRECTOR Silen Pierce |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless | ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ | NAME: G TITLE: D ADDRESS: P CITY/ST/ZIP: S | OFFICER DIRECTOR S Glen Pierce Director O Box 70 Durry, VA 23883 |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless | ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ s area below is blank: | NAME: G TITLE: D ADDRESS: P CITY/ST/ZIP: S | OFFICER DIRECTOR Clen Pierce Director O Box 70 Director, VA 23883 Onk or contains incorrect data, please mark appropriate |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless | OFFICER DIRECTOR Sarea below is blank: Information is incorrect Delete information Delete information Delete information | NAME: G TITLE: D ADDRESS: P CITY/ST/ZIP: S | OFFICER DIRECTOR Correction Addition Replacement DIRECTOR Correction DIRECTOR DIRECTO |
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| □ Information is correct NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless □ Information is correct NAME: | OFFICER DIRECTOR Sarea below is blank: Information is incorrect Delete information Delete information Delete information | NAME: G TITLE: D ADDRESS: P CITY/ST/ZIP: S If the block to the left is blar box and enter information b NAME: S TITLE: D | OFFICER DIRECTOR Correction Addition Replacement OFFICER DIRECTOR Correction Addition Replacement OFFICER DIRECTOR OFFICER DIRECTOR Correction Addition Replacement OFFICER DIRECTOR Correction DIRECTOR Corr |



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| 7. DIRECTORS AND PRIN | CIFAL OFFICENS. (Continued) | An individual may be designated as both a director and an officer. |
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| Mark appropriate box unless area belo | ow is blank: nation is incorrect Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement |
| OFI | FICER DIRECTOR | OFFICER ☐ DIRECTOR ☑ |
| NAME: | · | NAME: J. Wyatt Cox |
| TITLE: | | TITLE: Director |
| ADDRESS: | ± " | ADDRESS: 17625 Old Forty Rd. |
| CITY/ST/ZIP: | | CITY/ST/ZIP: Waver1y, VA 23890 |
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