

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004712

Entity Name: SOUTHERN STATES COOPERATIVE, INCORPORATED**Current Principal Place of Business:**6606 WEST BROAD STREET
RICHMOND, VA 23230**Current Mailing Address:**PO BOX 26234
RICHMOND, VA 23260**FEI Number:** 54-0387200**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title D
Name BOWMAN, LAIRD
Address 270 BOWMONT FARM LANE
City-State-Zip: BOONES MILL VA 24065

Title VPT
Name JEZOUIT, FRED
Address 12371 BLANTON ROAD
City-State-Zip: ASHLAND VA 23005

Title D
Name BURKETT, MARK H
Address 5420 KILLARNEY ROAD
City-State-Zip: JAKIN GA 39861

Title DIRECTOR
Name GRANNIS, DARYL
Address 1432 ENERGY ROAD
City-State-Zip: FLEMINGSBURG KY 41041

Title PCEO
Name STROBURG, JEFFREY B
Address 13213 EDMONTON ROAD
City-State-Zip: MIDLOTHIAN VA 23113

Title S
Name BRAM, KIMBERLY G
Address 3612 SPRINGBERRY PLACE
City-State-Zip: RICHMOND VA 23233

Title DIRECTOR, DIRECTOR
Name ALLEN, ROBERT E
Address 1615 HALLS STORE ROAD
City-State-Zip: RUSSELLVILLE KY 42276

Title DIRECTOR
Name BLAND, IV, ROBERT T
Address P.O. BOX 1678
City-State-Zip: WEST POINT VA 23181

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY G. BRAM**SECRETARY****01/26/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JORDAN, JOHNNY W DR.
Address 150 SHADY CREEK TRAIL
City-State-Zip: ANDERSON SC 29625

Title DIRECTOR
Name LANGLEY, DOUG
Address 3248 TAYLORSVILLE ROAD
City-State-Zip: SHELBYVILLE KY 40065

Title DIRECTOR
Name ROBERTS, CURRY A
Address 1125 JEFFERSON DAVIS HWY.
SUITE 240
City-State-Zip: FREDERICKSBURG VA 22401

Title DIRECTOR
Name SMITH, JOHN HENRY A
Address 16335 U.S. HIGHWAY 19
City-State-Zip: ROSEDALE VA 24280

Title DIRECTOR
Name WARD, JR., RALEIGH O
Address 3762 WARD ROAD
City-State-Zip: EFFINGHAM SC 29541-5343

Title DIRECTOR
Name COLTRANE, DAVID
Address 6824 JENNIFER DRIVE
City-State-Zip: PLEASANT GARDEN NC 27313

Title DIRECTOR
Name KING, DANIEL M
Address 647 FELLOWSHIP ROAD
City-State-Zip: HARRISONBURG VA 22802

Title DIRECTOR
Name MESSICK, NORMAN W
Address 4417 CLOVERDALE ROAD
City-State-Zip: HURLOCK MD 21643

Title DIRECTOR
Name SATROM, ROBERT E
Address 5679 HACKNEY COURT
City-State-Zip: PARKER CO 80134

Title DIRECTOR
Name WILFONG, CHARLES A
Address ROUTE 1, BOX 77
City-State-Zip: DUNMORE WV 24934

Title DIRECTOR
Name BOLLING, WILLIAM T
Address 7995 STRAWHORN DRIVE
City-State-Zip: MECHANICSVILLE VA 23116