



2017 Corporation Annual Report

Unified Business Identifier: UD000467002001 For filing with the West Virginia Secretary of State
a Business for West Virginia Partner
tel: (304) 558-8000

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|--|---|
| Business Legal Name | TRAVEL MORGAN COUNTY INC. |
| WV Effective Date | 09/02/2015 |
| Charter Type | Domestic |
| Class | Non-Profit |
| Organization Type | Corporation |
| Home State | WV |
| Business Purpose | 5615 |
| Business Purpose Description | Travel Arrangement & Reservation Services (travel, tour, convention & visitors bureaus) |
| Business Purpose County | Morgan |
| Principal Office | 4292 RIVER ROAD BERKELEY SPRINGS , WV 25411 |
| Mailing Address | 4292 RIVER ROAD BERKELEY SPRINGS , WV 25411 |
| Local Office | 4292 RIVER ROAD BERKELEY SPRINGS , WV 25411 |
| Agent of Process | TRAVEL MORGAN COUNTY INC 4292 RIVER ROAD BERKELEY SPRINGS , WV 25411 |
| President Information | MARTHA RHODES 4292 RIVER ROAD BERKELEY SPRINGS , WV 25411 |
| WV County | Morgan |
| Company Email | admin@bspringswv.com |
| Number of West Virginia resident employees | 0 |
| Filing Date | 07/01/2016 |
| Total Number of Employees | 0 |
| Company Website Address | travelmorgancounty.com |
| Are you a scrap metal dealer or recycler? | No |
| Is this a minority owned business? | No |
| Is this a woman owned business? | Yes |
| Do you own or operate more than one business in West Virginia? | Yes |
| Number of businesses | 2 |
| Number of counties | 1 |
| Does your organization employ individual(s) who currently serve or someone who has served as a member of the United States Armed Forces? | No |
| How many | |
| Does the owner of the organization currently serve or has served as a member of the United States Armed Forces? | No |

I certify the information provided is true. I further certify that I am an officer or individual holding a power-of-attorney and am duly authorized to file this report on behalf of the corporation, as required by the West Virginia Code. I agree that the electronic entry of my name below represents my signature and authorization for this filing.

RETAIN A COPY FOR YOUR RECORDS



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Martha Rhodes _____

Authorized By

OFFICER _____

Capacity