

1.) CORPORATION NAME:

PORTSMOUTH HUMANE SOCIETY, INCORPORATED

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

REBECCA O. BARCLAY

302 EAST ROAD

PORTSMOUTH, VA 23707

DUE DATE: **6/28/2011**

SCC ID NO: **00553230**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PORTSMOUTH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2704 FREDERICK BOULEVARD

CITY/ST/ZIP: PORTSMOUTH, VA 23704-

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.

NAME: SHELLEY COMPTON
TITLE: DIRECTOR
ADDRESS: 4415 WINCHESTER DRIVE
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23707-

OFFICER DIRECTOR

NAME: W. STANLEY MAGANN, JR.
TITLE: DIRECTOR
ADDRESS: 3220 MARINER AVENUE
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703-

OFFICER DIRECTOR

NAME: CHARLOTTE MILLER
TITLE: DIRECTOR
ADDRESS: 3215 DUQUESNE DRIVE
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321-

OFFICER DIRECTOR

NAME: E. STANLEY MURPHY
TITLE: DIRECTOR
ADDRESS: 3804 COLONY ROAD
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703-

OFFICER DIRECTOR

NAME: HELEN CHAPMAN
TITLE: DIRECTOR
ADDRESS: 5220 LAKE CIRCLE DRIVE
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703-

OFFICER DIRECTOR

NAME: REBECCA O. BARCLAY TITLE: PRESIDENT ADDRESS: 302 EAST ROAD CITY/ST/ZIP/CO: PORTSMOUTH, VA 23707-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: AVILA T. WIMBISH TITLE: TREASURER ADDRESS: 1020 LONDON BLVD. CITY/ST/ZIP/CO: BANK OF THE COMMONWEALTH PORTSMOUTH, VA 23704-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KATHARINE CROSS TITLE: SECRETARY ADDRESS: 249 IDLEWOOD AVENUE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ANNA FAY GRAYSON TITLE: DIRECTOR ADDRESS: 3423 ANITA COURT CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321-	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DIANE TYSON TITLE: VICE PRESIDENT ADDRESS: 4108 WYNDYBROW DR. CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SHIRLEY B. FOX TITLE: DIRECTOR ADDRESS: 2412 STERLING POINT DR CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703-	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
<u>/s/ REBECCA O. BARCLAY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	REBECCA O. BARCLAY, <u>PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>6/28/2011</u> DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				