

1.) CORPORATION NAME:

**THE SUFFOLK CLUB, INCORPORATED**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARY D MEYERS  
11255 HOLLY RIDGE  
SMITHFIELD, VA**

SCC ID NO: **00582619**

5.) STOCK INFORMATION

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

**ISLE OF WIGHT COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 22

CITY/ST/ZIP: SUFFOLK, VA 23434

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:	JAMES SALYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	447 WILLIAMS RD.		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		

NAME:	GARY D MEYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	11255 HOLLY RIDGE		
CITY/ST/ZIP/CO:	SMITHFIELD, VA 23430		

NAME:	KENNETH A ASKEW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	208 FREEMAN MILL ROAD		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23438		

NAME:	WESLEY KING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2212 WHITE MARSH RD.		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		

NAME:	GREGORY C TAYLOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4301 TWIN PINES RD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703		

NAME:	Steve Matthews	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	405 Locust Ct.		
CITY/ST/ZIP/CO:	Suffolk, VA 23434		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul Scott VICE PRESIDENT 1129 Fontana Ave. Chesapeake, VA 23321	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Freddie Gardner DIRECTOR 240 Kilby Shore Dr. Suffolk, VA 23434	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

/s/ GARY D MEYERS	GARY D MEYERS, S/T	8/14/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.