

1.) CORPORATION NAME:

T. Parker Host, Incorporated

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID F HOST
500 PLUME ST EAST STE 600
NORFOLK, VA**

SCC ID NO: **00633529**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
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| COMAV | 25,000 |
| COMBNV | 15,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 PLUME ST EAST
STE 600

CITY/ST/ZIP: NORFOLK, VA 23510

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.

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | GARRETT ADAM ANDERSON | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 3416 VILLAGE SQ. PL. | |
| CITY/ST/ZIP/CO: | SUFFOLK, VA 23435 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | THOMAS P HOST III | |
| TITLE: | VICE CHAIRMAN | |
| ADDRESS: | 6151 STUDELEY AVE | |
| CITY/ST/ZIP/CO: | NORFOLK, VA 23508 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | E D DAVID ESQ | |
| TITLE: | SECRETARY | |
| ADDRESS: | 739 THIMBLE SHOALS BLVD | |
| CITY/ST/ZIP/CO: | STE 105 NEWPORT NEWS, VA 23606 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DAVID F HOST | |
| TITLE: | CHAIRMAN | |
| ADDRESS: | 3524 ARTHUR DRIVE | |
| CITY/ST/ZIP/CO: | SUFFOLK, VA 23438 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | KERI D JENKINS | |
| TITLE: | ASST SECRETARY | |
| ADDRESS: | 1021 FARRCROFT WAY | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23455 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DAVID F HOST, JR | |
| TITLE: | EXEC VICE PRES | |
| ADDRESS: | PO BOX 3729 | |
| CITY/ST/ZIP/CO: | NORFOLK, VA 23514 | |

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|---|---|--|
| NAME: CORNELIS VAN DE MORTEL TITLE: COO ADDRESS: PO BOX 3729 CITY/ST/ZIP/CO: NORFOLK, VA 23514 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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|--|---|--|
| NAME: EDWARD A BARHAM, III TITLE: SVO OPERATIONS ADDRESS: PO BOX 3729 CITY/ST/ZIP/CO: NORFOLK, VA 23514 | <input checked="" 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.

| | | |
|---|----------------------------------|------------|
| /s/ KERI DJENKINS | KERI DJENKINS, | 10/24/2013 |
| 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.