

1.) CORPORATION NAME:

**SHAWNEE SWIM CLUB, INCORPORATED**

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**MARSHALL J FRANK PC**

**504 S MAIN ST**

**BLACKSBURG, VA 24060**

SCC ID NO: **01062983**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**MONTGOMERY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 835

CITY/ST/ZIP: BLACKSBURG, VA 24063-

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: CHRISTOPHER REILLY  
TITLE: PRESIDENT  
ADDRESS: P.O. BOX 835  
CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-

OFFICER

DIRECTOR

NAME: DAVID DANNENBERG  
TITLE: VICE PRESIDENT  
ADDRESS: P.O. BOX 835  
CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-

OFFICER

DIRECTOR

NAME: SCOTT BORTZ  
TITLE: TREASURER  
ADDRESS: P.O. BOX 835  
CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-

OFFICER

DIRECTOR

NAME: KRISTI FLACK  
TITLE: SECRETARY  
ADDRESS: P.O. BOX 835  
CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-

OFFICER

DIRECTOR

NAME: AMY LAWRENCE  
TITLE: DIRECTOR  
ADDRESS: P.O. BOX 835  
CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-

OFFICER

DIRECTOR

NAME: ALICIA COHEN TITLE: DIRECTOR ADDRESS: P.O. BOX 835 CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: KAREN FLEMING TITLE: DIRECTOR ADDRESS: P.O. BOX 835 CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: MICHAEL DUNN TITLE: DIRECTOR ADDRESS: P.O. BOX 835 CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIAM DUCKER TITLE: DIRECTOR ADDRESS: P.O. BOX 835 CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: CHARLES SMITH TITLE: DIRECTOR ADDRESS: P.O. BOX 835 CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: MICHAEL BECK TITLE: DIRECTOR ADDRESS: P.O. BOX 835 CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: JEANNINE ALEXANDER TITLE: DIRECTOR ADDRESS: P.O. BOX 835 CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: JEANNINE ALEXANDER TITLE: DIRECTOR ADDRESS: P.O. BOX 835 CITY/ST/ZIP/CO: BLACKSBURG, VA 24063-	<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/ CHRISTOPHER REILLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER REILLY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/3/2011 DATE
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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.