

1.) CORPORATION NAME:

**KIWANIS CLUB OF DENBIGH, NEWPORT NEWS,
VIRGINIA, INC.**

DUE DATE: **5/31/2012**

SCC ID NO: **01163658**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
WILLIAM E GREGERSON
37 WEST GOVERNOR DR
NEWPORT NEWS, VA 23602-7445**

5.) STOCK INFORMATION

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

NEWPORT NEWS CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 2184

CITY/ST/ZIP: NEWPORT NEWS, VA 23609-2184

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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|-----------------|-------------------------|---|--|
| NAME: | JONIKA S YARBOROUGH | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 497 ASHTON GREEN BLVD, | | |
| CITY/ST/ZIP/CO: | NEWPORT NEWS, VA 23608- | | |
| NAME: | WILLIAM E GREGERSON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 37 W GOVERNOR DR, | | |
| CITY/ST/ZIP/CO: | NEWPORT NEWS, VA 23602- | | |
| NAME: | JUNIUS C PENN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PAST PRESIDENT | | |
| ADDRESS: | 101 BLUFF TERRANCE, | | |
| CITY/ST/ZIP/CO: | NEWPORT NEWS, VA 23602- | | |
| NAME: | JAMES E RUSSELL | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT-ELECT | | |
| ADDRESS: | 913 ARNETTE DR, | | |
| CITY/ST/ZIP/CO: | NEWPORT NEWS, VA 23608- | | |
| NAME: | LARRY N CHURCH | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8 SATINWOOD LANE, | | |
| CITY/ST/ZIP/CO: | NEWPORT NEWS, VA 23602- | | |

| | |
|--|--|
| NAME: HAROLD J LAURENT TITLE: DIRECTOR ADDRESS: 133 SANDPIPER ST, CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23602- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: WILLIAM C MORRISON TITLE: DIRECTOR ADDRESS: 238 DOMIMION DR, CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23602- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: SAMUEL W SPENCER TITLE: DIRECTOR ADDRESS: 118 SHEILA WAY, CITY/ST/ZIP/CO: YORKTOWN, VA 23692- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CRISTY R WARD TITLE: DIRECTOR ADDRESS: 12 LAFIETE LANE, CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: KEITH HANSEN TITLE: TREASURER ADDRESS: 1002 OLD DENBIGH BLVD, APT 316, CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23608- | <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. | |
| <u>/s/ WILLIAM E GREGERSON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>WILLIAM E GREGERSON,</u> SECRETARY PRINTED NAME AND CORPORATE TITLE |
| <u>3/13/2012</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. | |