

1.) CORPORATION NAME:

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

DUE DATE: **5/31/2013**

SCC ID NO: **01163658**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

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.

NAME:	JUNIUS C PENN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
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		
ADDRESS:	913 ARNETTE DR,		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23608		

NAME:	JONIKA S YARBOROUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Past 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:	KEITH HANSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1002 OLD DENBIGH BLVD,		
CITY/ST/ZIP/CO:	APT 316, NEWPORT NEWS, VA 23608		

NAME:	HAROLD J LAURENT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	133 SANDPIPER ST,		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23602		

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: Cynthia O PUGH TITLE: DIRECTOR ADDRESS: 201 Windsor Castle Dr. CITY/ST/ZIP/CO: Newport News, VA 23608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John McMillan TITLE: VICE PRESIDENT ADDRESS: 43 Ridgewood Pkwy 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.		
/s/ WILLIAM E GREGERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM E GREGERSON, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/13/2013 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.		