

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 TITLE: DIRECTOR ADDRESS: 101 BLUFF TERRANCE, CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23602	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES E RUSSELL TITLE: PRESIDENT ADDRESS: 913 ARNETTE DR, CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23608	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JONIKA S YARBOROUGH TITLE: Past President ADDRESS: 497 ASHTON GREEN BLVD, CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23608	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM E GREGERSON TITLE: SECRETARY ADDRESS: 37 W GOVERNOR DR, CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23602	<input checked="" 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
NAME: John MCMillian 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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAROLD J LAURENT DIRECTOR 133 SANDPIPER ST, NEWPORT NEWS, VA 23602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM C MORRISON DIRECTOR 238 DOMIMION DR, NEWPORT NEWS, VA 23602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL W SPENCER DIRECTOR 118 SHEILA WAY, YORKTOWN, VA 23692	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cynthia O PUGH DIRECTOR 201 Windsor Castle Dr. Newport News, VA 23608	<input 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/			3/13/2013
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.			