

1.) CORPORATION NAME: **KIWANIS CLUB OF DENBIGH, NEWPORT NEWS, VIRGINIA, INC.** DUE DATE: **5/31/2014**  
 SCC ID NO: **01163658**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **WILLIAM E GREGERSON  
37 WEST GOVERNOR DR  
NEWPORT NEWS, VA** 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: JAMES E RUSSELL TITLE: PAST PRESIDENT ADDRESS: 913 ARNETTE DR, CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23608	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN W MCMILLIAN, Jr. TITLE: PRESIDENT ADDRESS: 43 RIDGEWOOD PKWY 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: 1006 OLD DENBIGH BLVD. APT. 205 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23602	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUNIUS C PENN TITLE: PRESIDENT-ELECT ADDRESS: 101 BLUFF TERRANCE, CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23602	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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. Jr. TITLE: TREASURER ADDRESS: 238 DOMIMION DR, CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23602	<input checked="" 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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAWN L EVERTON DIRECTOR 223 HENSLEY ROAD NEWPORT NEWS, VA 23602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCES J VOLKING DIRECTOR 103 STERLING COURT YORKTOWN, VA 23693	<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/ WILLIAM E GREGERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM E GREGERSON, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/2/2014 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.			