

1.) CORPORATION NAME:

**Hampton Roads Educational  
Telecommunications Association, Inc.**

DUE DATE: **7/18/2012**

SCC ID NO: **01171313**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WARREN L TISDALE  
WILLCOX & SAVAGE PC  
440 MONTICELLO AVE STE 2200  
  
NORFOLK, VA 23510**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5200 HAMPTON BLVD  
CITY/ST/ZIP: NORFOLK, VA 23508

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.

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | BERT SCHMIDT                                |  |
| TITLE:          | P/CEO                                       |  |
| ADDRESS:        | 5200 HAMPTON BLVD                           |  |
| CITY/ST/ZIP/CO: | NORFOLK, VA 23508                           |  |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | ROBERTA BAKER FISHER                        |                                   |
| TITLE:          | ASST SECRETARY                              |                                   |
| ADDRESS:        | 5200 HAMPTON BLVD                           |                                   |
| CITY/ST/ZIP/CO: | NORFOLK, VA 23508                           |                                   |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | KIRKLAND M KELLEY                           |  |
| TITLE:          | VICE CHAIR                                  |  |
| ADDRESS:        | 150 W MAIN ST                               |  |
| CITY/ST/ZIP/CO: | NORFOLK, VA 23510                           |  |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | BARRY POLLARA                               |  |
| TITLE:          | CHAIRMAN                                    |  |
| ADDRESS:        | ONE COMMERCIAL PL                           |  |
| CITY/ST/ZIP/CO: | NORFOLK, VA 23510                           |  |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | ANITA O POSTON                   |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 500 WORLD TRADE CENTER           |  |
| CITY/ST/ZIP/CO: | NORFOLK, VA 23510                |  |

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/ BERT SCHMIDT</u>                             | <u>BERT SCHMIDT, P/CEO</u>       | <u>7/18/2012</u> |
| 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.