

1.) CORPORATION NAME:

**REAL ESTATE INFORMATION NETWORK, INC.**

DUE DATE: **12/31/2011**

SCC ID NO: **01240258**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**LYDIA B KAPETANAKIS**

**4575 BONNEY RD STE 100**

**VIRGINIA BEACH, VA 23462**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4575 BONNEY ROAD

CITY/ST/ZIP: VIRGINIA BEACH, VA 23462-

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: JOAN GRIFFEY  
TITLE: ASST TREASURER  
ADDRESS: 4575 BONNEY RD  
CITY/ST/ZIP/CO: VA BEACH, VA 23462-

OFFICER

DIRECTOR

NAME: LYDIA B. KAPETANAKIS  
TITLE: ASST SECRETARY  
ADDRESS: 4575 BONNEY RD  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462-

OFFICER

DIRECTOR

NAME: ART ZACHARY  
TITLE: PRESIDENT  
ADDRESS: 4190 SOUTH PLAZA TRAIL  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452-

OFFICER

DIRECTOR

NAME: DORCAS HELFANT-BROWNING  
TITLE: VICE PRESIDENT  
ADDRESS: 3300 VIRGINIA BEACH BLVD  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452-

OFFICER

DIRECTOR

NAME: BARBARA WOLCOTT  
TITLE: SECRETARY  
ADDRESS: 600 22ND STREET  
STE 500  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451-

OFFICER

DIRECTOR

NAME: GARY LUNDHOLM TITLE: TREASURER ADDRESS: 1112 F EDEN WAY NORTH CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT WAINWRIGHT III TITLE: DIRECTOR ADDRESS: 4098 FOXWOOD DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RONAL PEARMAN TITLE: DIRECTOR ADDRESS: 3181 SHORE DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WESLEY COONS TITLE: DIRECTOR ADDRESS: 316 OFFICE SQUARE LANE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY NACHMAN TITLE: DIRECTOR ADDRESS: 1932 COLISEUM DR. CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23666-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALFRED ABBITT TITLE: DIRECTOR ADDRESS: 825 DILIGENC DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<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/ JOAN GRIFFEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOAN GRIFFEY, ASST TREASURER PRINTED NAME AND CORPORATE TITLE
12/22/2011 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.	