

1.) CORPORATION NAME:

**THE VIRGINIA ORGANIZATION OF NURSE  
EXECUTIVES, INC.**

DUE DATE: **10/29/2010**

SCC ID NO: **02481596**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
URSULA N BUTTS  
125 BUENA VISTA CIRCLE  
SOUTH HILL, VA 23970**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**MECKLENBURG COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 815 FOREST HILL DRIVE

CITY/ST/ZIP: SOUTH HILL, VA 23970-

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: GRACE MYERS  
TITLE: PRES ELECT  
ADDRESS: SENTARA BAYSIDE HOSPITAL  
800 INDEPENDENCE BLVD.  
CITY/ST/ZIP/CO: VA BEACH, VA 23455-

OFFICER  DIRECTOR

NAME: URSULA N BUTTS  
TITLE: PRESIDENT  
ADDRESS: 815 FOREST HILL DRIVE  
CITY/ST/ZIP/CO: SOUTH HILL, VA 23970-

OFFICER  DIRECTOR

NAME: BEN WARNER  
TITLE: SECRETARY  
ADDRESS: HCA HENRICO DOCTOR'S  
1602 SKIPWITH RD  
CITY/ST/ZIP/CO: RICHMOND, VA 23229-

OFFICER  DIRECTOR

NAME: NANCY NEW  
TITLE: TREASURER  
ADDRESS: VCU MEDICAL CENTER  
P.O. BOX 985801  
CITY/ST/ZIP/CO: RICHMOND, VA 23298-

OFFICER  DIRECTOR

NAME: PATRICIA MOOK  
TITLE: DIRECTOR  
ADDRESS: 2501 PARKERS LANE  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306-

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAUREN GOODLOE DIRECTOR VCU MEDICAL CENTER P.O. BOX 985801 RICHMOND, VA 23298-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA DUGAN DIRECTOR INOVA LOUDOUN 44045 RIVERSIDE PKWY LEESBURG, VA 20176-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAM HARDESTY DIRECTOR LEWIS GALE MEDICAL CENTER 1900 ELECTRIC RD SALEM, VA 24153-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ URSULA N BUTTS</u>	<u>URSULA N BUTTS, PRESIDENT</u>	<u>10/5/2010</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.