

1.) CORPORATION NAME:

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

DUE DATE: **10/31/2011**

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

OFFICER DIRECTOR

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

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: LISA DUGAN TITLE: DIRECTOR ADDRESS: INOVA LOUDOUN 44045 RIVERSIDE PKWY CITY/ST/ZIP/CO: LEESBURG, VA 20176-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LAUREN GOODLOE TITLE: DIRECTOR ADDRESS: VCU MEDICAL CENTER P.O. BOX 985801 CITY/ST/ZIP/CO: RICHMOND, VA 23298-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAM HARDESTY TITLE: DIRECTOR ADDRESS: LEWIS GALE MEDICAL CENTER 1900 ELECTRIC RD CITY/ST/ZIP/CO: SALEM, VA 24153-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PATRICIA MOOK TITLE: DIRECTOR ADDRESS: 2501 PARKERS LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306-	<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.		
<u>/s/ URSULA N BUTTS</u>	<u>URSULA N BUTTS, PRESIDENT</u>	<u>10/15/2011</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.		