

1.) CORPORATION NAME:

INTERNATIONAL CHRISTIAN UNIVERSITY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

REV. OLLEO CROMWELL II

505 WOODARDS FORD RD

PO BOX 2828

CHESAPEAKE, VA 23322-4345

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **7/31/2011**

SCC ID NO: **03064839**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 505 WOODARDS FORD RD
P O BOX 2828

CITY/ST/ZIP: CHESAPEAKE, VA 23322-4345

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: REV BYRON L JAMESON PHD
TITLE: PRESIDENT
ADDRESS: 635 BRIARCLIFF RD
CITY/ST/ZIP/CO: UPPER DARBY, PA 19082-

OFFICER

DIRECTOR

NAME: REV ELSIE M JAMESON PHD
TITLE: VICE PRESIDENT
ADDRESS: 1215 DERMOND RD
CITY/ST/ZIP/CO: DREXEL HILL, PA 19026-

OFFICER

DIRECTOR

NAME: REBECCA MARIE JAMESON
TITLE: SECRETARY
ADDRESS: 635 BRIARCLIFF ROAD
CITY/ST/ZIP/CO: UPPER DARBY, PA 19082-

OFFICER

DIRECTOR

NAME: MARIE KERSAINT
TITLE: TREASURER
ADDRESS: 1933 N. 61ST. STREET
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19151-

OFFICER

DIRECTOR

NAME: REVEREND OLLEO CROMWELL II
TITLE: DIRECTOR
ADDRESS: 505 WOODARDS FORD RD
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322-4345

OFFICER

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/ REV BYRON L JAMESON PHD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>REV BYRON L JAMESON PHD, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>8/2/2011</u> DATE
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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.