

1.) CORPORATION NAME:

**Navy & Marine Corps Explosive Ordnance  
Disposal Association, Inc.**

DUE DATE: **3/31/2011**

SCC ID NO: **03370574**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
PATRICK E THOMAS  
5332 HICKORY RDG  
VIRGINIA BEACH, VA 23455-6680**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8279 LITTLE ENGLAND RD

CITY/ST/ZIP: HAYES, VA 23072-3839

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:	JERRY A TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1035 BLYKEFORD LANE		
CITY/ST/ZIP/CO:	WAKE FOREST, NC 27587-6036		
NAME:	JAMES W TRUMAN JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP(USMC)		
ADDRESS:	28091 WONDERVIEW AVENUE		
CITY/ST/ZIP/CO:	EVERGREEN, CO 80439-6502		
NAME:	STEPHEN W NEILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8279 LITTLE ENGLAND RD		
CITY/ST/ZIP/CO:	HAYES, VA 23072-3839		
NAME:	KEITH R BUBIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2434 DUNCAN DR		
CITY/ST/ZIP/CO:	NICEVILLE, FL 32578-		
NAME:	WILLIAM B BACON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EDITOR		
ADDRESS:	5218 FERNBROOK DR		
CITY/ST/ZIP/CO:	CENTERVILLE, VA 20120-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE J DEMETROPOLIS, JR VP(NAVY) 714 G AVE APT E CORONADO, CA 92118-2162	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	---	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM C WOODWARD HISTORIAN 3813 LOWE ST PANAMA CITY, FL 32405-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	---	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK E THOMAS DIRECTOR 5332 HICKORY RDG VIRGINIA BEACH, VA 23455-	<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/ PATRICK E THOMAS</u>	<u>PATRICK E THOMAS, DIRECTOR</u>	<u>3/14/2011</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.