

1.) CORPORATION NAME:

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

DUE DATE: **3/31/2012**

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
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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.

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES W TRUMAN JR	
TITLE:	VP(USMC)	
ADDRESS:	28091 WONDERVIEW AVENUE	
CITY/ST/ZIP/CO:	EVERGREEN, CO 80439-6502	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN W NEILL	
TITLE:	TREASURER	
ADDRESS:	8279 LITTLE ENGLAND RD	
CITY/ST/ZIP/CO:	HAYES, VA 23072-3839	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM B BACON	
TITLE:	EDITOR	
ADDRESS:	5218 FERNBROOK DR	
CITY/ST/ZIP/CO:	CENTERVILLE, VA 20120-	

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

NAME: PATRICK E THOMAS TITLE: DIRECTOR ADDRESS: 5332 HICKORY RDG CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JERRY A TAYLOR TITLE: PRESIDENT ADDRESS: 6 CARSON POINT DR CITY/ST/ZIP/CO: SACO, ME 04072-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT J BUREKER TITLE: SECRETARY ADDRESS: 202 W CORAL GABLES DR CITY/ST/ZIP/CO: PHOENIX, AZ 85023-	<input checked="" 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.

/s/ PATRICK E THOMAS	PATRICK E THOMAS, DIRECTOR	2/23/2012
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.