

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:

**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:	6 CARSON POINT DR		
CITY/ST/ZIP/CO:	SACO, ME 04072		

NAME:	DONALD A ASHBY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	313 PICKEREL LN		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23456		

NAME:	RICHARD S DEHART	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6276 SAUFLEY PINES RD		
CITY/ST/ZIP/CO:	PENSACOLA, FL 32526		

NAME:	ROBERT J BUREKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	WEBMASTER		
ADDRESS:	202 W CORAL GABLES DR		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85023		

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

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
--	----------------------------------	--

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	6/19/2012
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.