

1.) CORPORATION NAME:

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

Habitat for Humanity of South Hampton Roads, Inc.

SCC ID NO: **03477866**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

CHARLES E LAND

150 W MAIN ST STE 2100

NORFOLK, VA 23510-1609

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 900 TIDEWATER DRIVE

CITY/ST/ZIP: NORFOLK, VA 23504-

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: ALBERT WEEKS
TITLE: PRESIDENT
ADDRESS: 5777 PRINCESS ANNE ROAD
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462-

OFFICER

DIRECTOR

NAME: PAUL STACHARCZYK
TITLE: VICE PRESIDENT
ADDRESS: 3203 DODD DRIVE
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23323-

OFFICER

DIRECTOR

NAME: STEPHEN LEAMAN
TITLE: SECRETARY
ADDRESS: 726 WEST OCEAN VIEW AVE
CITY/ST/ZIP/CO: NORFOLK, VA 23503-

OFFICER

DIRECTOR

NAME: DAN BELL
TITLE: DIRECTOR
ADDRESS: 809 ROYAL GROVE COURT
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-6562

OFFICER

DIRECTOR

NAME: HENRY CONDE
TITLE: DIRECTOR
ADDRESS: 300 COLONIAL AVE
CITY/ST/ZIP/CO: NORFOLK, VA 23507-

OFFICER

DIRECTOR

NAME:	CHRISTINE EARLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4528 CORONET AVENUE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455-		
NAME:	MICHAEL GLOVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 BOUSH STREET SUITE 201		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510-		
NAME:	MARK A. JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 WEST MAIN STREET 12TH FLOOR		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510-		
NAME:	JEANNE MCDONNELL JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6830 FORDWICK DRIVE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23518-		
NAME:	DANIEL B. LEAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	812 RINGFIELD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454-6570		
NAME:	PAUL SHELTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5228 PLEASANT HALL DRIVE		
CITY/ST/ZIP/CO:	VA BEACH, VA 23464-		
NAME:	KAY MORGAN STOCKWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	STEVEN ZAHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	953 COVEY STREET		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454-		
NAME:	BRADLEY KIRKPATRICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	861 GLENROCK ROAD, SUITE 200		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502-		
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/ ALBERT WEEKS</u>	<u>ALBERT WEEKS, PRESIDENT</u>	<u>10/31/2011</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.