

1.) CORPORATION NAME:

Lions Mobile Sight and Hearing Unit of District24-D, Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**R. CRAIG GALLAGHER
SMITHFIELD BLDG., STE. 341-B
6160 KEMPSVILLE CIRCLE**

SCC ID NO: **04123063**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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NORFOLK, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2126 WAKE FOREST STREET

CITY/ST/ZIP: VA BEACH, VA 23451

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:	TIMOTHY MARINELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	106 HARRISON DR		
CITY/ST/ZIP/CO:	SMITHFIELD, VA 23430		
NAME:	JOHN CRANFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2126 WAKE FOREST ST		
CITY/ST/ZIP/CO:	VA BCH, VA 23451		
NAME:	NANCY CRANFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2126 WAKE FOREST ST		
CITY/ST/ZIP/CO:	VA BEACH, VA 23451		
NAME:	C. E. CUNNINGHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 VINE DR		
CITY/ST/ZIP/CO:	YORKTOWN, VA 23692		
NAME:	MARTIN KEMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	24300 EAST POINT RD		
CITY/ST/ZIP/CO:	ONANCOCK, VA 23417		
NAME:	PAT MORRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 JONQUIL LANE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY LOU NEWMAN DIRECTOR 3009 HERITAGE LANDING RD WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM OGLESBY VICE PRESIDENT 4524 THREE PINES LANE VIRGINIA BEACH, VA 23457	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY PHELPS DIRECTOR 1229 COURSE VIEW CIRCLE VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM REID DIRECTOR 600 BRIAR COURT VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMMIE REID DIRECTOR 600 BRIAR COURT VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA SENEAL DIRECTOR 4241 MANCHESTED RD PORTSMOUTH, VA 23703	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAYTON SENEAL DIRECTOR 4241 MANCHESTER RD PORTSMOUTH, VA 23703	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOLOMON SHERFEY DIRECTOR 5102 SAWGRASS CT SUFFOLK, VA 23435	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY STOCKDILL DIRECTOR 8235 BRIARWOOD CIRCLE NORFOLK, VA 23518	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES WOOD DIRECTOR 5012 SMITH FARM RD VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patricia Taylor DIRECTOR 22 Welford Lane Newport News, VA 23601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Sherry Atwood TITLE: DIRECTOR ADDRESS: 10213 Old Myrtle Rd CITY/ST/ZIP/CO: Carrsville, VA 23315	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Pat Kerr TITLE: DIRECTOR ADDRESS: 2812 Hidden Lake Dr CITY/ST/ZIP/CO: Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Steve Rosnov TITLE: DIRECTOR ADDRESS: 5164 Eagle Run Road CITY/ST/ZIP/CO: Virginia Beach, VA 23464	<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/ JOHN CRANFORD	JOHN CRANFORD, TREASURER	7/4/2013
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.		