

1.) CORPORATION NAME:

**VASC Amateur Radio Group, Inc.**

DUE DATE: **11/30/2011**

SCC ID NO: **04363917**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**STUART FLECHNER**

**115 GARRETT DRIVE**

**HAMPTON, VA 23669-3624**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HAMPTON CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 SETTLERS LANDING RD

CITY/ST/ZIP: HAMPTON, VA 23669-

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: JOHN JOHNSON  
TITLE: PRESIDENT  
ADDRESS: 2712 CORNET ST  
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321-

OFFICER

DIRECTOR

NAME: DICK HARRELL  
TITLE: VICE PRESIDENT  
ADDRESS: 106 GOOSE HILL WAY  
CITY/ST/ZIP/CO: SMITHFIELD, VA 23430-

OFFICER

DIRECTOR

NAME: HARVEY RUBIN  
TITLE: TREASURER  
ADDRESS: 102 BARBOUR CIR  
CITY/ST/ZIP/CO: NEWPORTS NEWS, VA 23606-

OFFICER

DIRECTOR

NAME: WALLY CARTER  
TITLE: DIRECTOR  
ADDRESS: 35 TERESA DR  
CITY/ST/ZIP/CO: HAMPTON, VA 23066-

OFFICER

DIRECTOR

NAME: STUART FLECHNER  
TITLE: SECRETARY  
ADDRESS: 115 GARRETT DRIVE  
CITY/ST/ZIP/CO: HAMPTON, VA 23669-3624

OFFICER

DIRECTOR

NAME: ED WILLIAMS TITLE: DIRECTOR ADDRESS: 3881 WINDSOR GATE ROAD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEW STEINGOLD TITLE: DIRECTOR ADDRESS: 1008 CRABBERS COVE LANE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL BUCKWALTER TITLE: DIRECTOR ADDRESS: 4 TIMBERLAND COURT CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TIM ROGERS TITLE: DIRECTOR ADDRESS: 4810 ROSEWELL DRIVE CITY/ST/ZIP/CO: GLOUCESTER, VA 23061-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHAN FINKLE TITLE: DIRECTOR ADDRESS: 240 VICTORIA DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452-	<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/ STUART FLECHNER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STUART FLECHNER, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
10/10/2011 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.	