

1.) CORPORATION NAME:

**VASC Amateur Radio Group, Inc.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STUART FLECHNER  
115 GARRETT DRIVE  
HAMPTON, VA 23669-3624**

SCC ID NO: **04363917**

5.) STOCK INFORMATION

|       |            |
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| CLASS | AUTHORIZED |
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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            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT               |   |  |
| ADDRESS:        | 2712 CORNET ST          |   |  |
| CITY/ST/ZIP/CO: | CHESAPEAKE, VA 23321    |   |  |
| NAME:           | DICK HARRELL            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT          |   |  |
| ADDRESS:        | 106 GOOSE HILL WAY      |   |  |
| CITY/ST/ZIP/CO: | SMITHFIELD, VA 23430    |   |  |
| NAME:           | STUART FLECHNER         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY               |   |  |
| ADDRESS:        | 115 GARRETT DRIVE       |   |  |
| CITY/ST/ZIP/CO: | HAMPTON, VA 23669-3624  |   |  |
| NAME:           | HARVEY RUBIN            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER               |   |  |
| ADDRESS:        | 102 BARBOUR CIR         |   |  |
| CITY/ST/ZIP/CO: | NEWPORTS NEWS, VA 23606 |   |  |
| NAME:           | PAUL BUCKWALTER         | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                |   |  |
| ADDRESS:        | 4 TIMBERLAND COURT      |   |  |
| CITY/ST/ZIP/CO: | PORTSMOUTH, VA 23703    |   |  |
| NAME:           | WALLY CARTER            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                |   |  |
| ADDRESS:        | 35 TERESA DR            |   |  |
| CITY/ST/ZIP/CO: | HAMPTON, VA 23066       |   |  |

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|--|--|--|
| NAME: STEPHAN FINKLE<br>TITLE: DIRECTOR<br>ADDRESS: 240 VICTORIA DRIVE<br>CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452   | <input type="checkbox"/> OFFICER                               | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TIM ROGERS<br>TITLE: DIRECTOR<br>ADDRESS: 4810 ROSEWELL DRIVE<br>CITY/ST/ZIP/CO: GLOUCESTER, VA 23061  | <input type="checkbox"/> OFFICER                               | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LEW STEINGOLD<br>TITLE: DIRECTOR<br>ADDRESS: 1008 CRABBERS COVE LANE<br>CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452   | <input type="checkbox"/> OFFICER                               | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ED WILLIAMS<br>TITLE: DIRECTOR<br>ADDRESS: 3881 WINDSOR GATE ROAD<br>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<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | STUART FLECHNER, SECRETARY<br>PRINTED NAME AND CORPORATE TITLE | 1/3/2013<br>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. |  |  |