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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214522101 |
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| 1.) CORPORATION NAME: Angel Airlines for Veterans | DUE DATE: 5/31/2014 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: HARRY C BEAVER 6324 CULVERHOUSE CT GAINESVILLE, VA | SCC ID NO: 04846242 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4620 HAYGOOD ROAD
SUITE 1

CITY/ST/ZIP: VIRGINIA BEACH, VA 23455

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.

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|--|-------------------------------------|---------|--------------------------|----------|
| NAME: LINDA JOHNSON | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: ASST TREASURER | | | | |
| ADDRESS: 3313 WEEPING WILLOW LANE | | | | |
| CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23453 | | | | |

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|--|-------------------------------------|---------|--------------------------|----------|
| NAME: JOANIE CORKRUM | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: ASST SECRETARY | | | | |
| ADDRESS: 1109 EWELL ROAD | | | | |
| CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455 | | | | |

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|--------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: CHIP HILBORN | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 4838 CONDOR DRIVE | | | | |
| CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321 | | | | |

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|------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: MAGGIE FITZPATRICK | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: PO BOX 109 | | | | |
| CITY/ST/ZIP/CO: GRANTHAM, PA 17027 | | | | |

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|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: ROYAL KRAMER | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: 2208 SPRING RUN DRIVE | | | | |
| CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055 | | | | |

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.

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| /s/ JOANIE CORKRUM | JOANIE CORKRUM, ASST SECRETARY | 4/28/2014 |
| 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.