

1.) CORPORATION NAME:

CENTER FOR PUBLIC/PRIVATE PARTNERSHIP, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

VB BUSINESS SERVICES LLC

500 WORLD TRADE CENTER

NORFOLK, VA 23510

DUE DATE: **12/30/2010**

SCC ID NO: **04943270**

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: C/O HAMPTON ROADS PARTNERSHIP
430 WORLD TRADE CENTER

CITY/ST/ZIP: NORFOLK, VA 23510-1679

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: THOMAS REESE
TITLE: PRESIDENT
ADDRESS: 1030 UNIVERSTY BLVD
CITY/ST/ZIP/CO: SUFFOLK, VA 23435-

OFFICER

DIRECTOR

NAME: E DANA DICKENS, III
TITLE: S/T
ADDRESS: 430 WORLD TRADE CENTER
CITY/ST/ZIP/CO: NORFOLK, VA 23510-

OFFICER

DIRECTOR

NAME: WILLIAM YOUNGER
TITLE: VICE CHRMN
ADDRESS: 1040 UNIVERSITY BLVD STE 100
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703-

OFFICER

DIRECTOR

NAME: JEFFERY BERGENTHAL
TITLE: DIRECTOR
ADDRESS: 12506 LAKE UNDERHILL ROAD
MP 200
CITY/ST/ZIP/CO: ORLANDO, FL 32825-

OFFICER

DIRECTOR

NAME: WAYNE BUCK
TITLE: DIRECTOR
ADDRESS: 7857 BLANDY ROAD
STE 100
CITY/ST/ZIP/CO: NORFOLK, VA 23551-2490

OFFICER

DIRECTOR

NAME: JAMES JACKSON TITLE: CHAIRMAN ADDRESS: 7021 HARBOUR VIEW BOULEVARD, SUITE 117 CITY/ST/ZIP/CO: SUFFOLK, VA 23435-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: C DONALD COMBS TITLE: DIRECTOR ADDRESS: 358 MOWBRAY ARCH, SUITE 201 CITY/ST/ZIP/CO: NORFOLK, VA 23507-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RANDALL GARRETT TITLE: DIRECTOR ADDRESS: 8030 HARBOUR VIEW BOULEVARD CITY/ST/ZIP/CO: SUFFOLK, VA 23435-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: FRED LEWIS TITLE: DIRECTOR ADDRESS: 2111 WILSON BOULEVARD, SUITE 400 CITY/ST/ZIP/CO: ARLINGTON, VA 22201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM WAITE TITLE: DIRECTOR ADDRESS: 410 JAN DAVIS DRIVE CITY/ST/ZIP/CO: HUNTSVILLE, AL 35806-	<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/ E DANA DICKENS, III _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	E DANA DICKENS, III, S/T _____ PRINTED NAME AND CORPORATE TITLE	11/19/2010 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.		