

1.) CORPORATION NAME:

NEWPORT NEWS GREEN FOUNDATION, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RAYMOND H. SUTTLE JR.
701 TOWN CENTER DRIVE
SUITE 800**

SCC ID NO: **05120738**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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NEWPORT NEWS, VA 23606

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NEWPORT NEWS CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 120475

CITY/ST/ZIP: NEWPORT NEWS, VA 23606

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: BETH MOORE TITLE: PRESIDENT ADDRESS: P.O. BOX 120475 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL SHAPIRO TITLE: TREASURER ADDRESS: P.O. BOX 120475 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE KNIGHT TITLE: SECRETARY ADDRESS: P.O. BOX 120475 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHERRY CROUSHORE TITLE: DIRECTOR ADDRESS: P.O. BOX 120475 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICK DONALDSON TITLE: DIRECTOR ADDRESS: P.O. BOX 120475 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DON HATCHETT TITLE: DIRECTOR ADDRESS: P.O. BOX 120475 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLYDE MARSTELLER DIRECTOR P.O. BOX 120475 NEWPORT NEWS, VA 23606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE POWERS DIRECTOR P.O. BOX 120475 NEWPORT NEWS, VA 23606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY HUNTER VICE PRESIDENT P.O. BOX 120475 NEWPORT NEWS, VA 23606	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL POPLAWSKI CITY REP P.O. BOX 120475 NEWPORT NEWS, VA 23606	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA ROHLF DIRECTOR P.O. BOX 120475 NEWPORT NEWS, VA 23606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VALERIE PRICE CHAIRMAN P.O. BOX 120475 NEWPORT NEWS, VA 23606	<input checked="" 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/ GARY HUNTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARY HUNTER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/30/2012 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.			