

1.) CORPORATION NAME:

**NEWPORT NEWS GREEN FOUNDATION, INC.**

DUE DATE: **11/30/2013**

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**

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:	GARY HUNTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. BOX 120475		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		
NAME:	MICHAEL SHAPIRO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P.O. BOX 120475		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		
NAME:	MICHAEL POPLAWSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O. BOX 120475		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		
NAME:	VALERIE PRICE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 120475		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		
NAME:	CHERRY CROUSHORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 120475		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		
NAME:	RICK DONALDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 120475		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

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: CONNIE POWERS 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: CYNTHIA ROHLF 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: DAVID HARRIS 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: MICHAEL WAGNER TITLE: DIRECTOR ADDRESS: P.O. BOX 120475 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606	<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/ GARY HUNTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARY HUNTER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/26/2013 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.		