

1.) CORPORATION NAME:

STARBASE Victory, Inc.

DUE DATE: **2/29/2012**

SCC ID NO: **05161708**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

WILLIAM B HAYDEN

841 FIVE POINT RD

VIRGINIA BEACH, VA 23454

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: STARBASE VICTORY INC
PO BOX 906

CITY/ST/ZIP: PORTSMOUTH, VA 23705-0906

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: KIMBERLY BEATTY
TITLE: CHAIR
ADDRESS: 120 CAMPUS DRIVE
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703-

OFFICER

DIRECTOR

NAME: TIMOTHY J SWEITZER
TITLE: SECRETARY
ADDRESS: 801 ATLEY LANE
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452-

OFFICER

DIRECTOR

NAME: CHARLES HUNTER
TITLE: TREASURER
ADDRESS: TOWNEBANK PORTSMOUTH
200 HIGH STREET STE 100
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23707-

OFFICER

DIRECTOR

NAME: WILLIAM HAYDEN
TITLE: Executive Direc
ADDRESS: 841 FIVE POINT ROAD
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: ELIZABETH DANIELS
TITLE: DIRECTOR
ADDRESS: 1502 BELAFONTE DRIVE
CITY/ST/ZIP/CO: PORTSMOUTH, VA 23701-

OFFICER

DIRECTOR

NAME:	JACK GRODER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NORFOLK SOUTHERN CORP THREE COMMERCIAL PLACE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510-		
NAME:	MAUREEN MIZELLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PORTSMOUTH SCHOOLS FOUNDATION 801 CRAWFORD STREET		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23704-3822		
NAME:	LAURA NELSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DIRECTOR OF SCIENCE, PPS 3651 HARTFORD STREET		
CITY/ST/ZIP/CO:	PORTSMOOUTH, VA 23707-		
NAME:	THOMAS REESE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DIRECTOR, BUSINESS DEVELOPMENT VMASC 1030 UNIVERSITY BLVD		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23435-		
NAME:	LINDA RIDENOUR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	313 TAREYTON LANE		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23701-		
NAME:	PAULA SHAW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MCDENMOND CENTER STE 601 NSU 700 PARK AVENUE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23504-8060		
NAME:	DAVID STUCKWISCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SUPERINTENDENT, PPS 801 CRAWFORD STREET BOX 998		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23705-0998		
NAME:	JOHN DOUGLAS WILLIAMSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 16389		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23328-		
NAME:	KEVIN WILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PRESIDENT, JUNIOR ACHIEVEMENT 6387 CENTER DRIVE BLDG 2 STE 3		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502-		

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.

<u>/s/ WILLIAM HAYDEN</u>	<u>WILLIAM HAYDEN, Executive Direc</u>	<u>1/29/2012</u>
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.