

1.) CORPORATION NAME:

Norfolk Education Foundation

DUE DATE: **6/30/2011**

SCC ID NO: **05798780**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
RICHARD E BENTLEY
800 E CITY HALL AVE
NORFOLK, VA 23510**

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: 800 EAST CITY HALL AVE
10TH FLOOR, STE 1008

CITY/ST/ZIP: NORFOLK, VA 23510-

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: DARLENE JOYNER
TITLE: TREASURER
ADDRESS: 800 E CITY HALL AVE
#1203
CITY/ST/ZIP/CO: NORFOLK, VA 23510-

OFFICER

DIRECTOR

NAME: CASSANDRA NEWBY-ALEXANDER
TITLE: SECRETARY
ADDRESS: 800 E CITY HALL AVE
#1203
CITY/ST/ZIP/CO: NORFOLK, VA 23510-

OFFICER

DIRECTOR

NAME: KIM GEORGES
TITLE: VICE CHAIRMAN
ADDRESS: 800 E CITY HALL AVE
#1203
CITY/ST/ZIP/CO: NORFOLK, VA 23510-

OFFICER

DIRECTOR

NAME: KENNETH NEWMAN
TITLE: DIRECTOR
ADDRESS: 800 E CITY HALL AVE
#1203
CITY/ST/ZIP/CO: NORFOLK, VA 23510-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLOS J CLANTON EX DIR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA CHANDLER BOARD CHAIR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD AMOROSSO DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY BISHOP DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE TOMASZEWSKI DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VERNON FAREED DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM I FOSTER DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH FRAIM DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA HAMM LEE DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: KIRK T HOUSTON TITLE: DIRECTOR ADDRESS: 800 E CITY HALL AVE #1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: STEPHEN C JONES TITLE: DIRECTOR ADDRESS: 800 E CITY HALL AVE #1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CARLOS J CLANTON</u>	<u>CARLOS J CLANTON, EX DIR</u>	<u>5/4/2011</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.