

1.) CORPORATION NAME:

Godparents for Tanzania

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DWAYNE J WESTERMANN
5564 CYNTHIA DR SW
ROANOKE, VA 24018**

SCC ID NO: **05946777**

5.) STOCK INFORMATION

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

ROANOKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5564 CYNTHIA DRIVE

CITY/ST/ZIP: ROANOKE, VA 24018

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.

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|-----------------|------------------------|---|--|
| NAME: | DWAYNE J WESTERMANN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 5564 CYNTHIA DR | | |
| CITY/ST/ZIP/CO: | ROANOKE, VA 24018 | | |
| NAME: | NIANE SZALWINSKI | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 119 TORREYGLEN DR | | |
| CITY/ST/ZIP/CO: | LEXINGTON, SC 29072 | | |
| NAME: | BRUCE SWANSON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 100 HILL TOP RD | | |
| CITY/ST/ZIP/CO: | ROANOKE, VA 24018 | | |
| NAME: | MADLINE MORGAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 20 LIGHTHOUSE LN | | |
| CITY/ST/ZIP/CO: | MONETA, VA 24121 | | |
| NAME: | ANNE SCHULTE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 11765 FARNSIDE RD | | |
| CITY/ST/ZIP/CO: | ELLCOTT CITY, MD 21042 | | |
| NAME: | JAMES UTT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 319 W LEICESTER ST | | |
| CITY/ST/ZIP/CO: | WINCHESTER, VA 22601 | | |

NAME: JESSICA UTT OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 3914 W FRANKLIN ST
CITY/ST/ZIP/CO: RICHMOND, VA 23221

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.

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|---|---|-----------------|
| <u>/s/ DWAYNE J WESTERMANN</u> | <u>DWAYNE J WESTERMANN,</u> | <u>3/8/2013</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT 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.