

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214515300
1.) CORPORATION NAME: The Museum of Underwater Archaeology		DUE DATE: 4/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS KURT KNOERL 5057 OLD AUBURN ROAD WARRENTON, VA		SCC ID NO: 06143929
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAUQUIER COUNTY		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5057 OLD AUBURN ROAD CITY/ST/ZIP: WARRENTON, VA 20187		
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: DR THOMAS KURT KNOERL TITLE: DIRECTOR ADDRESS: 5057 OLD AUBURN ROAD CITY/ST/ZIP/CO: WARRENTON, VA 20187	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DR. JOHN A JENSEN TITLE: OFFICER ADDRESS: 708 SOUTH RD CITY/ST/ZIP/CO: WAKEFIELD, RI 02879	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DR I RODERICK MATHER TITLE: OFFICER ADDRESS: 30 TIMBER MEADOW LANE CITY/ST/ZIP/CO: KINGSTON, RI 02881	<input checked="" type="checkbox"/> OFFICER	<input 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/ DR THOMAS KURT KNOERL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DR THOMAS KURT KNOERL, DIRECTOR PRINTED NAME AND CORPORATE TITLE	3/24/2014 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.		