

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216511464
1.) CORPORATION NAME: <b>The Museum of Underwater Archaeology</b>		DUE DATE: <b>4/30/2016</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>THOMAS KURT KNOERL 5057 OLD AUBURN ROAD WARRENTON, VA</b>		SCC ID NO: <b>06143929</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAUQUIER COUNTY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 5057 OLD AUBURN ROAD		
CITY/ST/ZIP/CO: WARRENTON, VA 20187		
NAME: DR. JOHN A JENSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: OFFICER		
ADDRESS: 708 SOUTH RD		
CITY/ST/ZIP/CO: WAKEFIELD, RI 02879		
NAME: DR I RODERICK MATHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: OFFICER		
ADDRESS: 30 TIMBER MEADOW LANE		
CITY/ST/ZIP/CO: KINGSTON, RI 02881		
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	DR THOMAS KURT KNOERL,	3/29/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.		