

1.) CORPORATION NAME:

**Eastern Officials Association, Inc.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT TURNER  
324 PAGE PL  
SUFFOLK, VA**

SCC ID NO: **06485965**

5.) STOCK INFORMATION

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

**SUFFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 5568

CITY/ST/ZIP: SUFFOLK, VA 23435

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:	DOUG BROBST JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Past President		
ADDRESS:	409 CAROLANNE POINT CIRCLE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		
NAME:	LARRY MONTGOMERY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5304 DENVER DRIVE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23464		
NAME:	ROBERT TURNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	P O BOX 5568		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23435		
NAME:	DAVE BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 5568		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23435		
NAME:	BOB KYLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 5568		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23435		
NAME:	TERRY MCCARTHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 5568		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23435		

NAME: TIFFANY PEARSALL TITLE: DIRECTOR ADDRESS: PO BOX 5568 CITY/ST/ZIP/CO: SUFFOLK, VA 23435	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES SMITH TITLE: DIRECTOR ADDRESS: PO BOX 5568 CITY/ST/ZIP/CO: SUFFOLK, VA 23435	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Chris Miller TITLE: VICE PRESIDENT ADDRESS: 4004 Penny Lane CITY/ST/ZIP/CO: Chesapeake, VA 23322	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ ROBERT TURNER	ROBERT TURNER, SEC/TREAS	10/21/2013
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.		