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|--|---|-------|------------|
| 1.) CORPORATION NAME:<br><b>Wilson's Building Condominium Owners Association, Inc.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>GORDON CAMPBELL<br/>         245 MASON AVE.<br/>         BOX A<br/><br/>         CAPE CHARLES, VA 23310</b> | DUE DATE: <b>7/31/2012</b><br><br>SCC ID NO: <b>06801740</b><br><br>5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table> | CLASS | AUTHORIZED |
| CLASS  | AUTHORIZED  |       |            |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>NORTHAMPTON COUNTY</b>   |   |       |            |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   |       |            |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 245 MASON AVENUE<br>UNIT A<br><br>CITY/ST/ZIP: CAPE CHARLES, VA 23310 |
|---|

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: GORDON CAMPBELL<br>TITLE: PRESIDENT<br>ADDRESS: PO BOX 64<br>CITY/ST/ZIP/CO: NASSAWADOX, VA 23413 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|---|-------------------------------------|---------|-------------------------------------|----------|

|  |                                     |         |                                     |          |
|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: CRAIG ZUIDEMA<br>TITLE: SECRETARY<br>ADDRESS: 245 MASON AVE.<br>#303<br>CITY/ST/ZIP/CO: CAPE CHARLES, VA 23310 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|--|-------------------------------------|---------|-------------------------------------|----------|

|   |                                     |         |                                     |          |
|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: CHRISTINE CAMPBELL<br>TITLE: TREASURER<br>ADDRESS: 245 MASON AVE #201<br>CITY/ST/ZIP/CO: CAPE CHARLES, VA 23310 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|---|-------------------------------------|---------|-------------------------------------|----------|

|  |                                     |         |                                     |          |
|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: AMY TOWNSEND<br>TITLE: DIRECTOR<br>ADDRESS: 245 MASON AVE.<br>#203<br>CITY/ST/ZIP/CO: CAPE CHARLES, VA 23310 | <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/ GORDON CAMPBELL                                 | GORDON CAMPBELL, PRESIDENT       | 7/16/2012 |
| 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.