

1.) CORPORATION NAME:

**Still Hope Foundation, Inc.**

DUE DATE: **10/31/2011**

SCC ID NO: **06853949**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
WILLIAM A BROTHERS  
107 RYDER  
SMITHFIELD, VA 23430**

5.) STOCK INFORMATION

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

**ISLE OF WIGHT COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 107 RYDER

CITY/ST/ZIP: SMITHFIELD, VA 23430-

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: MONICA Y. BROTHERS  
TITLE: DIRECTOR  
ADDRESS: 107 RYDER  
CITY/ST/ZIP/CO: SMITHFIELD, VA 23430-

OFFICER  DIRECTOR

NAME: WILLIAM A. (TONY) BROTHERS  
TITLE: DIRECTOR  
ADDRESS: 107 RYDER  
CITY/ST/ZIP/CO: SMITHFIELD, VA 23430-

OFFICER  DIRECTOR

NAME: JULIA C. WINSLETT  
TITLE: PRESIDENT  
ADDRESS: 301 ROYAL DORNACH  
CITY/ST/ZIP/CO: SMITHFIELD, VA 23430-

OFFICER  DIRECTOR

NAME: WILLIAM I. FOSTER, III  
TITLE: VICE PRESIDENT  
ADDRESS: C/O TOWNE BANK  
2101 PARKS AVE, STE. 200  
CITY/ST/ZIP/CO: VA BEACH, VA 23451-

OFFICER  DIRECTOR

NAME: ALAN NUSBAUM  
TITLE: DIRECTOR  
ADDRESS: S.L. NUSBAUM REALTY CO.  
WELLS FARGO CENTER - 440 MONTICELLO AVE.  
CITY/ST/ZIP/CO: NORFOLK, VA 23510-

OFFICER  DIRECTOR

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|--|--|---|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | L. D. BRITT, MD, MPH<br>DIRECTOR<br>C/O EVMS<br>825 FAIRFAX BLDG, STE. 610<br>NORFOLK, VA 23507-                   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | BARBARA KING HART<br>DIRECTOR<br>C/O YWCA SOUTH HAMPTON ROADS<br>5215 COLLEY AVE.<br>NORFOLK, VA 23508-            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MARY PAT LIGGIO<br>DIRECTOR<br>3979 WEST STRATFORD ROAD<br>VA BEACH, VA 23455-                                     | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JOYCE NILES<br>DIRECTOR<br>1206 ROBLE CT<br>CHESAPEAKE, VA 23322-  | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | CHRISTINE M. BACON<br>DIRECTOR<br>6037 CAPITAL PLACE<br>VA BEACH, VA 23464-  | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | ANGELIA M. WILLIAMS<br>DIRECTOR<br>P. O. 12495<br>NORFOLK, VA 23541-   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | TARA W. MCGEE<br>TREASURER<br>P. O. BOX 712<br>CARROLLTON, VA 23314-   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | CARLA M. HOWARD<br>DIRECTOR<br>415 ST. PAUL'S BLVD.<br>NORFOLK, VA 23504-  | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DANIJEL VELICKI<br>DIRECTOR<br>C/O THE OPUS GROUP OF VIRGINIA<br>222 CENTRAL PARK AVE. #1170<br>NORFOLK, VA 23462- | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | NIKEMA CARRERO<br>DIRECTOR<br>P. O. BOX 501<br>SMITHFIELD, VA 23431-   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |

|                 |                       |                                  |  |
|-----------------|-----------------------|----------------------------------|--|
| NAME:           | LISA HARBOUR CARTER   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR              |                                  |  |
| ADDRESS:        | P. O. BOX 501         |                                  |  |
| CITY/ST/ZIP/CO: | SMITHFIELD, VA 23431- |                                  |  |

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/ MONICA Y. BROTHERS</u>                       | <u>MONICA Y. BROTHERS,</u>                          | <u>3/1/2012</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>DIRECTOR</u><br>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.