

1.) CORPORATION NAME: Combat Veterans Motorcycle Association theVirginia Chapter	DUE DATE: 3/31/2014 SCC ID NO: 06914279		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: EDWARD W LONECKE JR. 1629 RED BROOK COURT NORFOLK, VA	5.) STOCK INFORMATION <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: NORFOLK CITY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1629 RED BROOK CT CITY/ST/ZIP: NORFOLK, VA 23518	
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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: RICHARD LANDICK TITLE: PRESIDENT ADDRESS: 1401 TRAPELO CT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23456	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: DAVID GLENN PASCHAL TITLE: VICE PRESIDENT ADDRESS: 3241 JOPLIN LANE CITY/ST/ZIP/CO: CHESAPEAKE, VA 23323	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: PHILLIP M GOMEZ TITLE: TREASURER ADDRESS: 8222 CARRENE DRIVE CITY/ST/ZIP/CO: NORFOLK, VA 23518	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: EDWARD LONECKE TITLE: DIRECTOR ADDRESS: 1629 RED BROOK COURT CITY/ST/ZIP/CO: NORFOLK, VA 23518	<input 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/ EDWARD LONECKE	EDWARD LONECKE, DIRECTOR	1/17/2014
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.