

1.) CORPORATION NAME:

DUE DATE: **5/31/2011**

**BACKGROUND MISSION PARTNERS**

SCC ID NO: **06951198**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**TIMOTHY L HOLCOMB**

**4671 SIR GILBERT LOOP**

**WILLIAMSBURG, VA 23185**

5.) STOCK INFORMATION

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

**JAMES CITY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4671 SIR GILBERT LOOP

CITY/ST/ZIP: WILLIAMSBURG, VA 23185-

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:	TIMOTHY L HOLCOMB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/EXEC DIR		
ADDRESS:	4671 SIR GILBERT LOOP		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-		

NAME:	BRUCE A UTNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4800 WILLIAMSBURG GLADE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-		

NAME:	JENNIFER L UTNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4800 WILLIAMSBURG, GLADE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-		

NAME:	SCOTT D MACLEOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	102 CARDINAL CT		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-		

NAME:	CLIFTON L BRIGHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	112 RIPLEY ROAD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-		

NAME: AMANDA M MACLEOD TITLE: TREASURER ADDRESS: 102 CARDINAL CT CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ AMANDA M MACLEOD _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	AMANDA M MACLEOD, TREASURER _____ PRINTED NAME AND CORPORATE TITLE	5/19/2011 _____ DATE
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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.