

SCC eFile
(6/10)

**2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

210504458

1.) CORPORATION NAME:

THE HILLIER FOUNDATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

DALE VERNON BERNING ESQ

817 VIRGINIA BEACH BLVD

STE 101

VIRGINIA BEACH, VA 23451

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **11/30/2010**

SCC ID NO: **07023054**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1413 N GREAT NECK ROAD

CITY/ST/ZIP: VA BEACH, VA 23454-

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: MICHAEL A HILLIER JR
TITLE: PRESIDENT
ADDRESS: 1439 N GREAT NECK ROAD
CITY/ST/ZIP/CO: VA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: LUKE HILLIER
TITLE: VICE PRESIDENT
ADDRESS: 477 VIKING DRIVE #350
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452-

OFFICER

DIRECTOR

NAME: LINDSEY HILLIER
TITLE: SECRETARY
ADDRESS: 1413 N GREAT NECK ROAD
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: MICHAEL HILLIER SR
TITLE: DIRECTOR
ADDRESS: 1413 N GREAT NECK ROAD
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: ROB NICHOLSON
TITLE: DIRECTOR
ADDRESS: 2053 LASKIN ROAD
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT SCOTT LAROSE DIRECTOR 1439 N GREAT NECK ROAD VA BEACH, VA 23452-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS ALTAMURA DIRECTOR 1439 N GREAT NECK ROAD VA BEACH, VA 23454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT BURKE DIRECTOR 1439 N GREAT NECK ROAD VA BEACH, VA 23454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK PRESTON TYLER DIRECTOR 1439 N GREAT NECK ROAD VA BEACH, VA 23454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES M. SALLE DIRECTOR 1439 N GREAT NECK ROAD VA BEACH, VA 23454-	<input 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/ CHARLES M. SALLE	CHARLES M. SALLE, DIRECTOR	11/2/2010
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.