

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