

1.) CORPORATION NAME: PORTSMOUTH OMEGA FOUNDATION INCORPORATED 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PATRICK B. MCDERMOTT 2205 EXECUTIVE DRIVE HAMPTON, VA	DUE DATE: 3/31/2014 SCC ID NO: 07073588 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: HAMPTON CITY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 504 CHANDLER HARPER DRIVE CITY/ST/ZIP: PORTSMOUTH, VA 23701
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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: JENSON BAKER TITLE: PRESIDENT ADDRESS: 504 CHANDLER HARPER DRIVE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHNNY L CARR TITLE: D/VP ADDRESS: 3333 DAYSTONE ARCH CITY/ST/ZIP/CO: CHESAPEAKE, VA 23323	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR J RAY TITLE: TREASURER ADDRESS: 940 ADELPEH RD CITY/ST/ZIP/CO: VA BEACH, VA 23464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MYRON BOWERS TITLE: DIRECTOR ADDRESS: 3 POINT OF VIEW ARCH CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703	<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/ JENSON BAKER	JENSON BAKER, PRESIDENT	3/6/2014
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.