

1.) CORPORATION NAME:

Delta Omega Foundation

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES R CLARK SR
20213 SHEFFIELD PL
PETERSBURG, VA**

SCC ID NO: **07082985**

5.) STOCK INFORMATION

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

PETERSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20213 SHEFFIELD PLACE

CITY/ST/ZIP: PETERSBURG, VA 23803

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:	EZEKIEL DENNISON JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10213 LILLY GREEN CT		
CITY/ST/ZIP/CO:	UPPER MARLBORO, MD 20772		
NAME:	MICHAEL BASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8019 HAMPTON GLEN MEWS		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23832		
NAME:	JOSEPH SHAW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	801 CLUB CREST BLVD		
CITY/ST/ZIP/CO:	CHESTER, VA 23836		
NAME:	JAMES R CLARK SR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20213 SHEFFIELD PL		
CITY/ST/ZIP/CO:	PETG, VA 23803		
NAME:	CALVIN FARR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4631 TOOLEY DR		
CITY/ST/ZIP/CO:	CHESTERR, VA 23831		
NAME:	REMUS JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	521 SCOTT STREET		
CITY/ST/ZIP/CO:	PETERSBURG, VA 23805		

NAME: WILLIS C MCCOMBS TITLE: DIRECTOR ADDRESS: 1863 WALKER AVENUE CITY/ST/ZIP/CO: PETERSBURG, VA 23803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH MCKINNEY TITLE: DIRECTOR ADDRESS: 4200 BRICKHOUSE CT. CITY/ST/ZIP/CO: ETTRICK, VA 23803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAMUEL NORTHINGTON JR TITLE: DIRECTOR ADDRESS: 1742 SYCAMORE ST CITY/ST/ZIP/CO: PETG, VA 23805	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL SHACKLEFORD TITLE: DIRECTOR ADDRESS: 1863 WALKER AVE CITY/ST/ZIP/CO: PETERBURG, VA 23803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Herman Robinson TITLE: SECRETARY ADDRESS: 17507 thornwood lane CITY/ST/ZIP/CO: south chesterfield, VA 23803	<input checked="" type="checkbox"/> OFFICER	<input 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/ Herman Robinson SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Herman Robinson, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/28/2014 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.		