

1.) CORPORATION NAME: <b>PENINSULA WRESTLING ASSOCIATION, INC.</b>	DUE DATE: <b>7/31/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KATHY A ROBINSON 15478 MT HOLLY CREEK LANE SMITHFIELD, VA</b>	SCC ID NO: <b>07118870</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ISLE OF WIGHT COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 12003

CITY/ST/ZIP: NEWPORT NEWS, VA 23612

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: JOHN SWARTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: PRESIDENT			
ADDRESS: 23243 SPRINGCREST DRIVE			
CITY/ST/ZIP/CO: CARROLLTON, VA 23314			

NAME: MICHAEL MCCORMICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: PRESIDENT			
ADDRESS: 251 HUNTS NECK ROAD			
CITY/ST/ZIP/CO: POQUOSON, VA 23663			

NAME: KATHY ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: TREASURER			
ADDRESS: 15478 MT HOLLY CREEK LN			
CITY/ST/ZIP/CO: SMITHFIELD, VA 23430			

NAME: JANET WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: SECRETARY			
ADDRESS: 817 BERKSHIRE TERRACE			
CITY/ST/ZIP/CO: HAMPTON, VA 23666			

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/ KATHY ROBINSON	KATHY ROBINSON, TREASURER	8/14/2013
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.