

1.) CORPORATION NAME:

**TEE JAY VIKINGS FUND**

DUE DATE: **4/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KRIS R. KEENEY, P.C.  
5380 TWIN HICKORY ROAD  
GLEN ALLEN, VA**

SCC ID NO: **07507437**

5.) STOCK INFORMATION

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

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1306 GASKINS RD  
STE A

CITY/ST/ZIP: RICHMOND, VA 23238

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:	BRYAN KOCEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1306 GASKINS RD., STE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
NAME:	HELEN TREVEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1306 GASKINS RD., STE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
NAME:	DAWSON BOYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1306 GASKINS RD., STE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
NAME:	CHARLES DOUGLAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1306 GASKINS RD., STE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
NAME:	RUSSELL FLAMMIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1306 GASKINS RD., STE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
NAME:	GREG GRANT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1306 GASKINS RD. STE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		

NAME: CHAD HORNIK TITLE: DIRECTOR ADDRESS: 1306 GASKINS RD. SUITE A CITY/ST/ZIP/CO: RICHMOND, VA 23238	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALBERT A. NEGRIN TITLE: DIRECTOR ADDRESS: 1306 GASKINS RD. SUITE A CITY/ST/ZIP/CO: RICHMOND, VA 23238	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JANIE HUSKE SATTERFIELD TITLE: DIRECTOR ADDRESS: 1306 GASKINS RD., STE A CITY/ST/ZIP/CO: RICHMOND, VA 23238	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN JAY SCHWARTZ TITLE: DIRECTOR ADDRESS: 1306 GASKINS RD., STE A CITY/ST/ZIP/CO: RICHMOND, VA 23238	<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/ BRYAN KOCEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRYAN KOCEN, TREASURER PRINTED NAME AND CORPORATE TITLE	3/18/2016 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.		