

1.) CORPORATION NAME: Chesapeake Bay FOA	DUE DATE: 6/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GERALD MASTERS 5013 RIVERFRONT DR SUFFOLK, VA	SCC ID NO: 07525074
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SUFFOLK CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5013 RIVERFRONT DR
CITY/ST/ZIP: SUFFOLK, VA 23434

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: STUART WALTERS TITLE: PRESIDENT ADDRESS: 205 NAPOLI COURT CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: GERALD MASTERS TITLE: VICE PRESIDENT ADDRESS: 5013 RIVERFRONT DR CITY/ST/ZIP/CO: SUFFOLK, VA 23434	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: BRIAN BONFIGLIO TITLE: TREASURER ADDRESS: 1512 HIDDEN COVE CITY/ST/ZIP/CO: VA BEACH, VA 23454	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: ANN HARREL TITLE: SECRETARY ADDRESS: 2208 SHIGLEWOOD WAY CITY/ST/ZIP/CO: VA BEACH, VA 23456	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: DONNA MASTERS TITLE: DIRECTOR ADDRESS: 5013 RIVERFRONT DR CITY/ST/ZIP/CO: SUFFOLK, VA 23434	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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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/ GERALD MASTERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GERALD MASTERS, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/23/2015 DATE
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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.