

1.) CORPORATION NAME: <b>Hampton Omega Foundation, Inc.</b>	DUE DATE: <b>10/31/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NICHOLAS R. HOBBS 2205 EXECUTIVE DRIVE HAMPTON, VA</b>	SCC ID NO: <b>07568116</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HAMPTON CITY</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 99

CITY/ST/ZIP: Hampton , VA 23669

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: W MILTON FOSTER TITLE: PRESIDENT ADDRESS: N/A CITY/ST/ZIP/CO: N/A, VA 23669	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RAYNARD GIBBS TITLE: DIRECTOR ADDRESS: N/A CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BRIAN JAY GLOVER TITLE: DIRECTOR ADDRESS: N/A CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BURNETT PETERS TITLE: DIRECTOR ADDRESS: N/A CITY/ST/ZIP/CO: , , FN	<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/ W MILTON FOSTER	W MILTON FOSTER, PRESIDENT	11/4/2013
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.