

1.) CORPORATION NAME:

**National Skydiving Museum**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHRISTOPHER NEEDELS  
23419 WALSTON PLACE DR  
ACCOMAC, VA**

SCC ID NO: **F0405185**

5.) STOCK INFORMATION

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

**ACCOMACK COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5401 SOUTHPOINT CENTRE BLVD

CITY/ST/ZIP: FREDERICKSBURG, VA 22407

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: LEON POTTS<br>TITLE: PRESIDENT<br>ADDRESS: 1995 ROYAL TROON CT<br>CITY/ST/ZIP/CO: PORT ORANGE, FL 32128                       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CHRISTOPHER J NEEDELS<br>TITLE: SECRETARY<br>ADDRESS: 5401 SOUTHPOINT CENTRE BLVD<br>CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JAMES F CURTIS<br>TITLE: VICE PRESIDENT<br>ADDRESS: 20 LAKE ROAD<br>PO BOX 826<br>CITY/ST/ZIP/CO: FAR HILLS, NJ 07931         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DORI BACHMAN<br>TITLE: DIRECTOR<br>ADDRESS: 3839 W OAKTON<br>CITY/ST/ZIP/CO: SKOKIE, IL 60076                                 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DAN POYNTER<br>TITLE: DIRECTOR<br>ADDRESS: P O BOX 8206<br>CITY/ST/ZIP/CO: SANTA BARBARA, CA 93118                            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Lee Schlichtemeier<br>TITLE: TREASURER<br>ADDRESS: 5320 Inverrary Drive.<br>CITY/ST/ZIP/CO: Plano, TX 75093                   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

|                 |                           |                                  |  |
|-----------------|---------------------------|----------------------------------|--|
| NAME:           | Larry Bagley              | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                  |                                  |  |
| ADDRESS:        | 110 E. Center Street #602 |                                  |  |
| CITY/ST/ZIP/CO: | Madison, SD 57042         |                                  |  |

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/ LEON POTTS                                      | LEON POTTS, PRESIDENT            | 11/18/2013 |
| 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.