

1.) CORPORATION NAME:

PRISON FELLOWSHIP INTERNATIONAL

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

11 S 12TH ST

PO BOX 1463

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

DUE DATE: **4/30/2011**

SCC ID NO: **F0507576**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44180 RIVERSIDE PARKWAY #100

CITY/ST/ZIP: LANSLOWNE, VA 20176-

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:	RONALD W NIKKEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. BOX 17434		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20041-		
NAME:	JACK KIERVIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	893362 FIFTH LINE EHS, RR 5		
CITY/ST/ZIP/CO:	ORANGEVILLE, ON L9W 2Z2		
NAME:	IAN ELLIOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	419 PARAONU RD		
CITY/ST/ZIP/CO:	RD 1 TOKOROA		
NAME:	DAVID ONG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	99A THOMSON RIDGE		
CITY/ST/ZIP/CO:			
NAME:	MICHAEL TIMMIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	130 KERCHEVAL SUITE 200		
CITY/ST/ZIP/CO:	GROSSE POINTE FARMS, MI 48236-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMUNDO LEAL DIRECTOR RIO AMACUZAC 16 CUERNAVACA, MOR. CP 62-, MEXICO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN AITKEN DIRECTOR 83 BARKSDALE GARDENS LONDON, SW5 0EU-, ENGLAND (GREAT BRITAIN AND NORTHERN IRELAND)	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES COFIE DIRECTOR UNILEVER GHANA LIMITED PO BOX 721 TEMA, -, GHANA	<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.			
<u>/s/ RONALD W NIKKEL</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>RONALD W NIKKEL, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>4/11/2011</u> 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.			