

1.) CORPORATION NAME:

DELTA STAR, INC.

DUE DATE: **2/29/2012**

SCC ID NO: **F1029281**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000
PREFER	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3550 MAYFLOWER DRIVE

CITY/ST/ZIP: LYNCHBURG, VA 24501-

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: IVAN TEPPER
TITLE: PRESIDENT
ADDRESS: 3550 MAYFLOWER DR
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-

OFFICER

DIRECTOR

NAME: STEVE JONES
TITLE: CFO/SEC
ADDRESS: 3550 MAYFLOWER DR
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-

OFFICER

DIRECTOR

NAME: JOHN L NICKELS
TITLE: DIRECTOR
ADDRESS: 3550 MAYFLOWER DRIVE
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-

OFFICER

DIRECTOR

NAME: WENDY S TEPPER
TITLE: DIRECTOR
ADDRESS: 3550 MAYFLOWER DR
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-

OFFICER

DIRECTOR

NAME: STEVE NEWMAN
TITLE: VP
ADDRESS: 3550 MAYFLOWER DRIVE
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-

OFFICER

DIRECTOR

NAME: BARRY BEASTER TITLE: VICE PRESIDENT ADDRESS: 3550 MAYFLOWER DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANDY STEINEMAN TITLE: CORP TECH OFF ADDRESS: 3550 MAYFLOWER DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JANE HORNE TITLE: DIRECTOR ADDRESS: 3550 MAYFLOWER DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BARBARA GILLERAN JOHNSON TITLE: DIRECTOR ADDRESS: 3550 MAYFLOWER DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JANET COLLINS TITLE: DIRECTOR ADDRESS: 3550 MAYFLOWER DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-	<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/ STEVE JONES _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE JONES, CFO/SEC _____ PRINTED NAME AND CORPORATE TITLE	3/1/2012 _____ 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.		