

1.) CORPORATION NAME:

**DELTA STAR, INC.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1029281**

**RICHMOND, VA**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3550 MAYFLOWER DR		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		

NAME:	STEVE NEWMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3550 MAYFLOWER DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		

NAME:	STEVE JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/SEC		
ADDRESS:	3550 MAYFLOWER DR		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		

NAME:	ANDY STEINEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP TECH OFF		
ADDRESS:	3550 MAYFLOWER DR		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		

NAME:	JANET COLLINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3550 MAYFLOWER DR		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		

NAME:	BARBARA GILLERAN JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3550 MAYFLOWER DR		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		

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
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NAME: THEODORE SEGAL TITLE: DIRECTOR ADDRESS: 3550 MAYFLOWER DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<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/ STEVE JONES	STEVE JONES, CFO/SEC	3/28/2014
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.