

1.) CORPORATION NAME:

**NATIONAL RELIEF CHARITIES**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1042771**

5.) STOCK INFORMATION

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

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 E PEYTON ST

CITY/ST/ZIP: SHERMAN, TX 75090

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: ROBBI RICE DIETRICH TITLE: PRESIDENT ADDRESS: 500 E PEYTON STREET CITY/ST/ZIP/CO: SHERMAN, TX 75090	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARIO R PORRO TITLE: CFO ADDRESS: 500 E PEYTON ST CITY/ST/ZIP/CO: SHERMAN, TX 75090	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANN MARIE COLLINS TITLE: DIRECTOR ADDRESS: 200 W RANDOLPH CITY/ST/ZIP/CO: CHICAGO, IL 60601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT JENKINS TITLE: DIRECTOR ADDRESS: 500 E PEYTON STREET CITY/ST/ZIP/CO: SHERMAN, TX 75090	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: USERA HELEN TITLE: DIRECTOR ADDRESS: 1641 DEADWOOD AVE CITY/ST/ZIP/CO: RAPID CITY, SD 57702	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSHUA TOMPKINS TITLE: DIRECTOR ADDRESS: 1381 SUMMIT CIRCLE CITY/ST/ZIP/CO: W ST. PAUL, MN 55118	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROD TRAHAN DIRECTOR 651 KING FISHER SHERIDAN, WY 82801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THERESA DORRE FILING AGENT 1336 LOVERS LANE ROAD LEESBURG, GA 31763	<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/ THERESA DORRE	THERESA DORRE, FILING AGENT	6/27/2013
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.