

SCC eFile
(6/10)

2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

210501641

1.) CORPORATION NAME:

AWANA CLUBS 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:

IL

DUE DATE: **9/30/2010**

SCC ID NO: **F1391905**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 E BODE RD

CITY/ST/ZIP: STREAMWOOD, IL 60107-6658

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: JACK EGGAR
TITLE: P/CEO
ADDRESS: 1 E BODE RD
CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-

OFFICER

DIRECTOR

NAME: SYLVESTER J CHODY
TITLE: TREASURER
ADDRESS: 1 E BODE RD
CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-

OFFICER

DIRECTOR

NAME: R DAVID BRANTON
TITLE: CHAIRMAN
ADDRESS: 1 E BODE RD
CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-

OFFICER

DIRECTOR

NAME: JOHN DOBBERT
TITLE: VICE CHAIRMAN
ADDRESS: 1 E BODE RD
CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-

OFFICER

DIRECTOR

NAME: DAVID H SWANSON
TITLE: SECRETARY
ADDRESS: 1 E BODE RD
CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E KLIPPERT DIRECTOR 1 E BODE ROAD STREAMWOOD, VA 60107-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAWN THORNTON DIRECTOR 1 E BODE ROAD STREAMWOOD, VA 60107-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICKI S GILLIS DIRECTOR 1 E BODE ROAD STREAMWOOD, VA 60107-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL O PATNODE DIRECTOR 1 E BODE ROAD STREAMWOOD, VA 60107-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY D WALLI DIRECTOR 1 E BODE ROAD STREAMWOOD, VA 60107-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR RORHEIM DIRECTOR 1 E BODE ROAD STREAMWOOD, VA 60107-	<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/ JACK EGGAR	JACK EGGAR, P/CEO	9/8/2010
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.