

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211517756

1.) CORPORATION NAME:

AWANA CLUBS INTERNATIONAL

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

DUE DATE: **9/30/2011**

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: DAVID H SWANSON
TITLE: SECRETARY
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: VICKI S GILLIS TITLE: DIRECTOR ADDRESS: 1 E BODE RD CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS E KLIPPERT TITLE: DIRECTOR ADDRESS: 1 E BODE RD CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL O PATNODE TITLE: DIRECTOR ADDRESS: 1 E BODE RD CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR RORHEIM TITLE: DIRECTOR ADDRESS: 1 E BODE RD CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SHAWN THORNTON TITLE: DIRECTOR ADDRESS: 1 E BODE RD CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HENRY D WALLI TITLE: DIRECTOR ADDRESS: 1 E BODE RD CITY/ST/ZIP/CO: STREAMWOOD, IL 60107-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER WILLIAMS TITLE: DIRECTOR ADDRESS: 1 E BODE RD CITY/ST/ZIP/CO: STREAMWOOD, IL 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
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.	