

1.) CORPORATION NAME:

**AWANA CLUBS INTERNATIONAL**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1391905**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

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:	SHAWN THORNTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1 EAST BODE ROAD		
CITY/ST/ZIP/CO:	STREAMWOOD, IL 60107		

NAME:	DANIEL O. PATNODE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1 EAST BODE ROAD		
CITY/ST/ZIP/CO:	STREAMWOOD, IL 60107		

NAME:	R DAVID BRANTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1 EAST BODE ROAD		
CITY/ST/ZIP/CO:	STREAMWOOD, IL 60107		

NAME:	JACK EGGAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	1 EAST BODE ROAD		
CITY/ST/ZIP/CO:	STREAMWOOD, IL 60107		

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

NAME:	VALERIE BELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 EAST BODE ROAD		
CITY/ST/ZIP/CO:	STREAMWOOD, IL 60107		

NAME: VICKI S GILLIS TITLE: DIRECTOR ADDRESS: 1 EAST BODE ROAD CITY/ST/ZIP/CO: STREAMWOOD, IL 60107	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS E KLIPPERT TITLE: DIRECTOR ADDRESS: 1 EAST BODE ROAD CITY/ST/ZIP/CO: STREAMWOOD, IL 60107	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HENRY D WALLI TITLE: DIRECTOR ADDRESS: 1 EAST BODE ROAD CITY/ST/ZIP/CO: STREAMWOOD, IL 60107	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRISTOPHER WILLIAMS TITLE: DIRECTOR ADDRESS: 1 EAST BODE ROAD 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, PRESIDENT/CEO	9/19/2013
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.		