

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



215161338

1. CORPORATION NAME:
NORFOLK, VA., POSTAL CREDIT UNION, INCORPORATED
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
WILLIAM H. BECK
NORFOLK VA. POSTAL CREDIT UNION INC
600 CHURCH ST RM 246 / PO BOX 781
NORFOLK, VA 23501-0781
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
212-NORFOLK CITY
4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DUE DATE: 10/31/15

SCC ID NO.: 0027255-9

5. STOCK INFORMATION

CLASS	AUTHORIZED

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 600 CHURCH ST RM 111 P O BOX 781	ADDRESS:
CITY/ST/ZIP NORFOLK, VA 23501-0781	CITY/ST/ZIP

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.

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Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: HERVEY A TRIMYER TITLE: PRESIDENT ADDRESS: 6220 POWHATAN AVE CITY/ST/ZIP: NORFOLK, VA 23508	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

Hervey A. Trimyer Hervey Trimyer, Board Pres. 10/15/15
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 that is false in any material respect with intent that the document be delivered to the Commission for filing.

CORPORATION NAME:
NORFOLK, VA., POSTAL CREDIT UNION, INCORPORATED

DUE DATE: 10/31/15
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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JANIE W MARTIN TITLE: SECRETARY ADDRESS: 237 COACHMAN DR CITY/ST/ZIP: CHESAPEAKE, VA 23325</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CLAUDETTE WATKINS TITLE: TREASURER ADDRESS: 419 ADKINS ARCH UNIT 419 CITY/ST/ZIP: VIRGINIA BEACH, VA 23462</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: LAWRENCE S BOONE SR TITLE: VICE CHAIRMAN ADDRESS: 7438 DIVEN ST CITY/ST/ZIP: NORFOLK, VA 23505</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CAROLYN COPELAND TITLE: DIRECTOR ADDRESS: 2924 SUNRISE AVE CITY/ST/ZIP: CHESAPEAKE, VA 23324</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>



2015 ANNUAL REPORT CONTINUED
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

SCC ID NO: 0027255-9

OFFICER DIRECTOR

NAME: WILLIE HARRIS

TITLE: DIRECTOR

ADDRESS: 2145 LLOYD DR

CITY/ST/ZIP: CHESAPEAKE, VA 23325

OFFICER DIRECTOR

NAME: BERNICE HILL

TITLE: DIRECTOR

ADDRESS: 401 SEMINOLE RD

CITY/ST/ZIP: HAMPTON, VA 23661