

1.) CORPORATION NAME: **TIDEWATER RETAIL DRUG ASSOCIATION** DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **DAVID C MCCLELLAN**  
**553 LONGLEAF RD**  
**VIRGINIA BEACH, VA 23454-3348** SCC ID NO: **00399576**

5.) STOCK INFORMATION  

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

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:  
 ADDRESS: 553 LONGLEAF RD  
 CITY/ST/ZIP: VIRGINIA BEACH, VA 23454

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: DAVID MCCLELLAN TITLE: S/T ADDRESS: 553 LONGLEAF RD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: LINDSAY SPIRES TITLE: DIRECTOR ADDRESS: 2018 ACENTALA QUAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Amy Vest TITLE: PRESIDENT ADDRESS: 4768 Shore Dr CITY/ST/ZIP/CO: VA Beach, VA 23455	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Catherine Richwine TITLE: Pres - Elect ADDRESS: 1294 Murmur Ct CITY/ST/ZIP/CO: VA Beach, VA 23454	<input checked="" type="checkbox"/> OFFICER	<input 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/ DAVID MCCLELLAN	DAVID MCCLELLAN, S/T	1/2/2013
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.