

1.) CORPORATION NAME:

The Steward School

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LISA DWELLE
THE STEWARD SCHOOL
11600 GAYTON RD**

SCC ID NO: **01322270**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11600 GAYTON ROAD

CITY/ST/ZIP: RICHMOND, VA 23238

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:	DONALD F DELANEY, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	19 CHARNWOOD RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		

NAME:	KENNETH H SEWARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/HEADMASTER		
ADDRESS:	11600 GAYTON ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		

NAME:	LISA DWELLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	11600 GAYTON RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		

NAME:	STEVEN C. HENDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	715 BIG WOODS PLACE		
CITY/ST/ZIP/CO:	MANAKIN SABOT, VA 23103		

NAME:	MARIA JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	104 FOX GATE LANE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		

NAME:	ROBERT BROOKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1804 WEATHER VANE CT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL A. CALDWELL DIRECTOR 5706 OLDE HARTLEY WAY GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE EIBEN TREASURER 12916 HOLMBANK LANE RICHMOND, VA 23233	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW ERNST DIRECTOR 5105 STRATFORD CRESCENT RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY W FRENCH DIRECTOR 661 MEADEOW RIDGE LANE MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. KIM PENBERTHY DIRECTOR 930 MERCHANT LEE PLACE MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FAISAL QURESHI SECRETARY 1737 CLOISTER DRIVE RICHMOND, VA 23238	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN B SCOTT DIRECTOR 4919 LOCKGREEN CIRCLE RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES STUTTS VICE CHAIRMAN 2561 MAIDENS ROAD MAIDENS, VA 23102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. NEIL TURNAGE DIRECTOR 1213 WARREN AVE RICHMOND, VA 23227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE C WOODFIN DIRECTOR 4507 SULGRAVE ROAD RICHMOND, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM BURRESS DIRECTOR 3480 Kilburn Circle #1125 Richmond, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA FORNASH DIRECTOR 214 EAST BROOK RUN DRIVE RICHMOND, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE HANGER DIRECTOR 109 WEST SQUARE DRIVE RICHMOND, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD STEEBER DIRECTOR 8904 GINGER WAY CT RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES STUTTS VICE CHAIRMAN 2561 MAIDENS ROAD MAIDENS, VA 23102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TANYA CUMMINGS DIRECTOR 925 MILLERS LANE MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELANIE GOODPASTURE DIRECTOR 13432 Farrington Road ASHLAND, VA 23005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAY POLING DIRECTOR 712 Big Woods Place MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN-MARIE TREPP DIRECTOR 12803 Leffingwell Court RICHMOND, VA 23233	<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/ LISA DWELLE	LISA DWELLE, ASST TREASURER	5/29/2013
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.