

1.) CORPORATION NAME:

WESTMINSTER CHILD CARE CENTER

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DONALD D LONG
530 E MAIN ST
CHARLOTTESVILLE, VA**

SCC ID NO: **01377001**

5.) STOCK INFORMATION

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

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 450 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903-1873

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:	BURTON "BIFF" BEERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1692 CAPRI WAY		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911		
NAME:	AMY OGDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	214 CAMELLIA DRIVE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		
NAME:	WENDY CARTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR		
ADDRESS:	726 LYONS VE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		
NAME:	Stefani Belew	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3507 Ridge Road		
CITY/ST/ZIP/CO:	Palmyra, VA 22963		
NAME:	Ronica Turner	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	912 Anderson Street		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		
NAME:	Ellen Houle	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Co-Director		
ADDRESS:	PO Box 6973		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		

NAME: Laura DeNunzio TITLE: DIRECTOR ADDRESS: 1069 Wintergreen Lane CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Citro TITLE: DIRECTOR ADDRESS: 153 St. Andrews St CITY/ST/ZIP/CO: Gordonsville, VA 22942	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jeramy Spitzer TITLE: DIRECTOR ADDRESS: 145 Stag Drive CITY/ST/ZIP/CO: Ruckersville, VA 22968	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Derry Wade TITLE: DIRECTOR ADDRESS: 861 King William Drive CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda Austin TITLE: DIRECTOR ADDRESS: 1432 Briarcliff Ave CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mary Cook TITLE: DIRECTOR ADDRESS: 927 Henry Ave CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<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/ WENDY CARTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WENDY CARTER, EXEC DIR PRINTED NAME AND CORPORATE TITLE	4/12/2013 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.		