

1.) CORPORATION NAME:

National Association of Chain Drug Stores Foundation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
EDITH A ROSATO
413 N LEE ST
ALEXANDRIA, VA 22314**

DUE DATE: **10/31/2011**

SCC ID NO: **01556612**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 413 N LEE ST

CITY/ST/ZIP: ALEXANDRIA, VA 22314-

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: JOSEPH W CAVALIERE
TITLE: DIRECTOR
ADDRESS: 700 SYLVAN AVENUE
CITY/ST/ZIP/CO: ENGLEWOOD CLIFFS, NJ 07632-

OFFICER DIRECTOR

NAME: NICKI ROBINS
TITLE: SECRETARY
ADDRESS: 413 NORTH LEE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER DIRECTOR

NAME: EILEEN H BOONE
TITLE: DIRECTOR
ADDRESS: 1 CVS DRIVE
CITY/ST/ZIP/CO: WOONSOCKET, RI 02895-

OFFICER DIRECTOR

NAME: EDITH A ROSATO
TITLE: PRESIDENT
ADDRESS: 413 NORTH LEE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER DIRECTOR

NAME: R JAMES HUBER
TITLE: TREASURER
ADDRESS: 413 NORTH LEE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT W BELKNAP DIRECTOR 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877-1058	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES VANCE BURNETT DIRECTOR 999 LAKE DRIVE ISSAQUAH, WA 98027-8990	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES CARO DIRECTOR 801 PENNSYLVANIA AVENUE NW SUITE 725 WASHINGTON, DC 20004-3616	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY N CIVELLO DIRECTOR 3220 SPRING FOREST ROAD RALEIGH, NC 27616-2822	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERI COWARD DIRECTOR 310 WEST SOLOMON COURT ZELIENOPLE, PA 16063-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER T DIMOS DIRECTOR 3030 CULLERTON STREET FRANKLIN PARK, IL 60131-2205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK W FRAGIE DIRECTOR ONE POST STREET FLOOR 36 SAN FRANCISCO, CA 94104-5251	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE B GARZA DIRECTOR 1399 NEW YORK AVENUE NW SUITE 725 WASHINGTON, DC 20005-4764	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM GRAHAM DIRECTOR 187 DANBURY ROAD WILTON, CT 06897-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E GRIFFIN DIRECTOR 2701 SOUTH MINNESOTA AVENUE SUITE 1 SIOUX FALLS, SD 57105-4787	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	DAVID KLAUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	60 BAYLIS ROAD		
CITY/ST/ZIP/CO:	MELVILLE, NY 11747-		
NAME:	LOUIS J MARTIRE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	533 MARYVILLE UNIVERSITY DRIVE		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63141-5801		
NAME:	THERESA I PARKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 ABBOTT PARK ROAD AP30-2, D355		
CITY/ST/ZIP/CO:	ABBOTT PARK, IL 60064-3503		
NAME:	ROBERT A POTTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	781 CHESTNUT RIDGE ROAD		
CITY/ST/ZIP/CO:	MORGANTOWN, WV 26505-		
NAME:	BRYAN K STUKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 WALNUT AVENUE SUITE 601		
CITY/ST/ZIP/CO:	CLARK, NJ 07066-		
NAME:	JAMES VAN LIESHOUT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2400 NORTH COMMERCE PARKWAY SUITE 400		
CITY/ST/ZIP/CO:	WESTON, FL 33326-3253		
NAME:	DAVID A WALDOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	575 FIFTH AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017-2422		
NAME:	DIANE C WALLACE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 COCA-COLA PLAZA		
CITY/ST/ZIP/CO:	ATLANTA, GA 30313-		
NAME:	STEVEN C ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 NORTH LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
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.			
<u>/s/ NICKI ROBINS</u>	<u>NICKI ROBINS, SECRETARY</u>	<u>9/20/2011</u>	
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.