

1.) CORPORATION NAME:

National Association of Chain Drug Stores Foundation

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KATHLEEN JAEGER
413 N. LEE STREET
ALEXANDRIA, VA 22314**

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:	KATHLEEN JAEGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	413 NORTH LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	NICKI ROBINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	413 NORTH LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	R JAMES HUBER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	413 NORTH LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
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		
NAME:	ROBERT W BELKNAP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	900 RIDGEBURY ROAD		
CITY/ST/ZIP/CO:	RIDGEFIELD, CT 06877-1058		
NAME:	EILEEN H BOONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 CVS DRIVE		
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895		

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:	JOSEPH W CAVALIERE DIRECTOR 700 SYLVAN AVENUE ENGLEWOOD CLIFFS, NJ 07632	<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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID KLAUM DIRECTOR 60 BAYLIS ROAD MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS J MARTIRE DIRECTOR 533 MARYVILLE UNIVERSITY DRIVE SAINT LOUIS, MO 63141-5801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THERESA I PARKER DIRECTOR 200 ABBOTT PARK ROAD AP30-2, D355 ABBOTT PARK, IL 60064-3503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A POTTER DIRECTOR 781 CHESTNUT RIDGE ROAD MORGANTOWN, WV 26505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN K STUKE DIRECTOR 100 WALNUT AVENUE SUITE 601 CLARK, NJ 07066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES VAN LIESHOUT DIRECTOR 2400 NORTH COMMERCE PARKWAY SUITE 400 WESTON, FL 33326-3253	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A WALDOCK DIRECTOR 575 FIFTH AVENUE NEW YORK, NY 10017-2422	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE C WALLACE DIRECTOR 1 COCA-COLA PLAZA ATLANTA, GA 30313	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN HENDERSON DIRECTOR 30 HUNTER LANE CAMP HILL, PA 17011	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH KUCHARSKI DIRECTOR FIVE MOORE DRIVE B 2154 2D RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	DAVID A MOULES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	235 E 42ND STREET		
CITY/ST/ZIP/CO:	BUILDING 235 FLOOR 17 NEW YORK, NY 10017-5703		

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/ NICKI ROBINS	NICKI ROBINS, SECRETARY	8/23/2012
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.