

1.) CORPORATION NAME:

**National Association of Chain Drug Stores Foundation**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KATHLEEN JAEGER  
1776 WILSON BOULEVARD  
SUITE 200**

SCC ID NO: **01556612**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ARLINGTON, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1776 Wilson Boulevard  
Suite 200

CITY/ST/ZIP: Arlington, VA 22209

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:	1776 Wilson Boulevard Suite 200		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

NAME:	David M Fitzsimmons	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1776 Wilson Boulevard Suite 200		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

NAME:	NICKI ROBINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1776 Wilson Boulevard Suite 200		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

NAME:	STEVEN C ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1776 Wilson Boulevard Suite 200		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EILEEN H BOONE DIRECTOR 1 CVS DRIVE WOONSOCKET, RI 02895	<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:	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:	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: 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:	DAVID A MOULES DIRECTOR 235 E 42ND STREET BUILDING 235 FLOOR 17 NEW YORK, NY 10017-5703	<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:	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:	Victor Curtis DIRECTOR 999 Lake Dr Issaquah, WA 98027	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joh L Giacomini DIRECTOR 7000 Cardinal Pl Dublin, OH 43017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Poulin DIRECTOR MS: DC 5012 Lilly Corporate Center Indianapolis, IN 46285	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Todd Tillemans DIRECTOR 700 Sylvan Ave Englewood Cliffs, NJ 07632	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Tremonte DIRECTOR 1300 Morris Drive Chesterbrook, PA 19087	<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/ NICKI ROBINS	NICKI ROBINS, SECRETARY	9/17/2013
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.		