

1.) CORPORATION NAME:

STEWARD SCHOOL FOUNDATION

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES L MENGES
11600 GAYTON ROAD
RICHMOND, VA 23238**

SCC ID NO: **02043883**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11600 GAYTON RD

CITY/ST/ZIP: RICHMOND, VA 23238-3482

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:	MICHELE MCKINNON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	9017 Norwick Road		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		
NAME:	LISA S DWELLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11600 GAYTON RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
NAME:	KEVIN STRECKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	40 DAHLGREN RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
NAME:	DENNIS PRYOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 MANAKIN ROAD		
CITY/ST/ZIP/CO:	MANKIN-SABOT, VA 23103		
NAME:	Bill Waddell	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1119 Botetourt Court		
CITY/ST/ZIP/CO:	Norfolk, VA 23507, US,US		
NAME:	MARTIN BRILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	205 TUCKAHOE BLVD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HORACE GRAY DIRECTOR 121 E HILLCREST AVE RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN HENDERSON DIRECTOR 715 BIG WOODS PLACE MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY LECLAIR DIRECTOR 11508 BARRINGTON BRIDGE TERRACE RICHMOND, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK O'NEIL DIRECTOR 453 RIVERGATE DRIVE RICHMOND, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS PRYOR DIRECTOR 1500 MANAKIN RD RICHMOND, VA 23103	<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 S DWELLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA S DWELLE, TREASURER PRINTED NAME AND CORPORATE TITLE	3/28/2012 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.			