

1.) CORPORATION NAME:

DUE DATE: **3/31/2013**

**STEWARD SCHOOL FOUNDATION**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **02043883**

**LISA S DWELLE  
11600 GAYTON ROAD  
RICHMOND, VA**

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:	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:	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:	KEVIN STRECKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	40 DAHLGREN ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
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		
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:	HORACE GRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 E. Hillcrest Avenue		
CITY/ST/ZIP/CO:	Richmond, VA 23226		

NAME: GARY LECLAIR TITLE: DIRECTOR ADDRESS: 11508 Barrington Bridge Terrace CITY/ST/ZIP/CO: Richmond, VA 23233	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK O'NEIL TITLE: DIRECTOR ADDRESS: 453 Rivergate Drive CITY/ST/ZIP/CO: Richmond, VA 23238	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRIAN THARP TITLE: DIRECTOR ADDRESS: 13260 Apdon Court CITY/ST/ZIP/CO: Richmond, VA 23238	<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	LISA S DWELLE, TREASURER	3/28/2013
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.		