

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

Royall & Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **02525145**

**HUGH T ANTRIM
THOMPSON & MCMULLAN PC
100 SHOCKOE SLIP 3RD FLR**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1920 E PARHAM RD

CITY/ST/ZIP: RICHMOND, VA 23228

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:	JOHN R NESTER II	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1920 E PARHAM RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23228		

NAME:	LESLIE J COLLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1920 E PARHAM ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23228		

NAME:	WILLIAM A ROYALL JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN OF BOARD		
ADDRESS:	1920 E PARHAM ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23228		

NAME:	JEFFREY M FARRERO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	303 W MADISON ST STE 2500		
CITY/ST/ZIP/CO:	CHICAGO, IL 60606		

NAME:	THOMAS J FORMOLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 SOUTH WACKER DRIVE		
CITY/ST/ZIP/CO:	SUITE 3175 CHICAGO, IL 60606		

NAME:	ROBERT P HEALY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	303 W MADISON ST		
CITY/ST/ZIP/CO:	STE 2500 CHICAGO, IL 60606		

NAME: RICHARD A LOBO TITLE: DIRECTOR ADDRESS: 10 SOUTH WACKER DRIVE SUITE 3175 CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jocelyn R Stanley TITLE: DIRECTOR ADDRESS: 10 South Wacker Dr Suite 3175 CITY/ST/ZIP/CO: Chicago, IL 60606	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Edward M Lhee TITLE: DIRECTOR ADDRESS: 10 S Wacker Dr Suite 3175 CITY/ST/ZIP/CO: Chicago, IL 60606	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Greg Baroni TITLE: DIRECTOR ADDRESS: 1920 E Parham Rd CITY/ST/ZIP/CO: Richmond, VA 23228	<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/ LESLIE J COLLINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LESLIE J COLLINS, CFO PRINTED NAME AND CORPORATE TITLE	2/11/2013 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.		