

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

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

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 TITLE: PRESIDENT ADDRESS: 1920 E PARHAM RD CITY/ST/ZIP/CO: RICHMOND, VA 23228	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LESLIE J COLLINS TITLE: CFO ADDRESS: 1920 E PARHAM ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23228	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM A ROYALL JR TITLE: CHRMN OF BOARD ADDRESS: 1920 E PARHAM ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23228	<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
NAME: JEFFREY M FARRERO TITLE: DIRECTOR ADDRESS: 303 W MADISON ST STE 2500 CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS J FORMOLO TITLE: DIRECTOR ADDRESS: 10 SOUTH WACKER DRIVE CITY/ST/ZIP/CO: SUITE 3175 CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ROBERT P HEALY TITLE: DIRECTOR ADDRESS: 303 W MADISON ST STE 2500 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: 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
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	2/28/2014 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.		