

1.) CORPORATION NAME:

THAMES DEVELOPMENT LTD.

DUE DATE: **9/30/2011**

SCC ID NO: **02610012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16016 PORTERFIELD HWY.

CITY/ST/ZIP: ABINGDON, VA 14212-1268

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: DAVID C FIELDS
TITLE: PRESIDENT
ADDRESS: P.O. BOX 1268
CITY/ST/ZIP/CO: ABINGDON, VA 24212-1268

OFFICER

DIRECTOR

NAME: K. JANE CHAFIN
TITLE: ASST SECRETARY
ADDRESS: P.O. BOX 1268
CITY/ST/ZIP/CO: ABINGDON, VA 24212-1268

OFFICER

DIRECTOR

NAME: LISA M LANDRY
TITLE: ASST TREASURER
ADDRESS: ASSISTANT TREASURER - TAX
P.O. BOX 18100
CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100

OFFICER

DIRECTOR

NAME: JONATHAN ANDREW LEON
TITLE: TREASURER
ADDRESS: P.O. BOX 18100
CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100

OFFICER

DIRECTOR

NAME: MICHAEL T DAN
TITLE: DIRECTOR
ADDRESS: P.O. BOX 18100
CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100

OFFICER

DIRECTOR

NAME: FRANK T. LENNON TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MCALISTER C. MARSHALL, II TITLE: DIRECTOR ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH C. RESTIVO TITLE: SECRETARY ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ARTHUR E. WHEATLEY TITLE: VICE PRESIDENT ADDRESS: VICE PRESIDENT - INSURANCE P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100	<input checked="" type="checkbox"/> OFFICER <input 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.	
<u>/s/ LISA M LANDRY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA M LANDRY, ASST <u>TREASURER</u> PRINTED NAME AND CORPORATE TITLE
<u>8/10/2011</u> 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.	