

1.) CORPORATION NAME: <b>CHESAPEAKE ROMANCE WRITERS</b>	DUE DATE: <b>11/30/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CAROL MARCOLINI 934 HARLECH PLACE NEWPORT NEWS, VA</b>	SCC ID NO: <b>04185070</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HAMPTON CITY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 9603

CITY/ST/ZIP: HAMPTON, VA 23670

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: CAROL MARCOLINI TITLE: PRESIDENT ADDRESS: 934 HARLECH PLACE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23608	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBIN BOISSEAU TITLE: VICE PRESIDENT ADDRESS: 8062 GUINEA ROAD CITY/ST/ZIP/CO: HAYES, VA 23072	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ALEXANDRA CHRISTLE TITLE: NEWSLETTER EDIT ADDRESS: 518 WASHINGTON PARK CITY/ST/ZIP/CO: NORFOLK, VA 23517	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: KATHLEEN HUFFMAN TITLE: SECRETARY ADDRESS: 101 SAINT ANNES CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<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.

/s/ CAROL MARCOLINI	CAROL MARCOLINI, PRESIDENT	12/17/2014
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.