

1.) CORPORATION NAME:

CHESTERFIELD AGING AND DISABLED SERVICES, INC.

DUE DATE: **5/27/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

DEBBIE LEIDHEISER

CHESTERFIELD SENIOR ADVOCATE

7000 LUCY CORR BOULEVARD, P.O. BOX 520

SCC ID NO: **04470092**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

CHESTERFIELD, VA 23832

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 3

CITY/ST/ZIP: CHESTERFIELD, VA 23832-

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.

OFFICER

DIRECTOR

NAME: GAIL SUTLER
TITLE: PRESIDENT
ADDRESS: C/O CHESTERFIELD SENIOR ADVOCATE
7000 LUCY CORR BLVD., P.O. BOX 520
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-

OFFICER

DIRECTOR

NAME: DEBBIE LEIDHEISER
TITLE: DIRECTOR
ADDRESS: C/O CHESTERFIELD SENIOR ADVOCATE
7000 LUCY CORR BLVD., P.O. BOX 520
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-

OFFICER

DIRECTOR

NAME: LEIGH BURKE
TITLE: VICE PRESIDENT
ADDRESS: C/O CHESTERFIELD SENIOR ADVOCATE
7000 LUCY CORR BLVD., P.O. BOX 520
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-

OFFICER

DIRECTOR

NAME: MONICA HUGHES
TITLE: DIRECTOR
ADDRESS: C/O CHESTERFIELD SENIOR ADVOCATE
7000 LUCY CORR BLVD., P.O. BOX 520
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-

NAME: PETE LANDERGAN TITLE: TREASURER ADDRESS: C/O CHESTERFIELD SENIOR ADVOCATE 7000 LUCY CORR BLVD., P.O. BOX 520 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: COURTNEY LEWIS MCGRATH TITLE: SECRETARY ADDRESS: C/O CHESTERFIELD SENIOR ADVOCATE 7000 LUCY CORR BLVD., P.O. BOX 520 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DELLA STANCIL TITLE: DIRECTOR ADDRESS: C/O CHESTERFIELD SENIOR ADVOCATE 7000 LUCY CORR BLVD., P.O. BOX 520 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: COLLEEN WILHELM TITLE: DIRECTOR ADDRESS: C/O CHESTERFIELD SENIOR ADVOCATE 7000 LUCY CORR BLVD., P.O. BOX 520 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-	<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.		
<u>/s/ DEBBIE LEIDHEISER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DEBBIE LEIDHEISER, DIRECTOR</u> PRINTED NAME AND CORPORATE TITLE	<u>9/28/2010</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.		