

1.) CORPORATION NAME:

**METROPOLITAN RICHMOND WOMEN'S BAR  
ASSOCIATION**

DUE DATE: **3/31/2012**

SCC ID NO: **04632428**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
CAROLYN C. LAVECCHIA  
WILLIAMSON & LAVECCHIA, L.C.  
6800 PARAGON PLACE #233**

**RICHMOND, VA 23230**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 3945

CITY/ST/ZIP: RICHMOND, VA 23235-

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:	ALI SILVA FANNON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	GREATER RICHMOND BAR FOUNDATION 707 E. MAIN ST. STE 1620 RICHMOND, VA 23219-		
CITY/ST/ZIP/CO:			

NAME:	JAYNE PEMBERTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Past President		
ADDRESS:	SANDS ANDERSON MARKS & MILLER PO BOX 1998 RICHMOND, VA 23218-1998		
CITY/ST/ZIP/CO:			

NAME:	SAKINA PAIGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President Elect		
ADDRESS:	WELLS FARGO ADVISORS, MAIL CODE R3578-122 901 EAST BYRD STREET RICHMOND, VA 23219-		
CITY/ST/ZIP/CO:			

NAME:	COLLEEN M QUINN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	LOCKE PARTIN DEBOER & QUINN 4928 WEST BROAD ST RICHMOND, VA 23230-		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON STUART TREASURER STUART LAW FIRM 2222 MONUMENT AVENUE RICHMOND, VA 23220-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE WELCH SECRETARY OFFICE OF THE ATTORNEY GENERAL 900 EAST MAIN STREET RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELANIE FRIEND DIRECTOR COWAN GATES, PC 1930 HUGUENOT ROAD RICHMOND, VA 23235-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER FOX DIRECTOR BATZLI, WOOD & STILES, PLC 3957 WESTERRE PKWY, STE 400 RICHMOND, VA 23233-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLE TIMBERLAKE DIRECTOR CYT CONSULTING, LLC PO BOX 14577 RICHMOND, VA 23221-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA BALOGH SAUNDERS DIRECTOR VIRGINIA STATE BAR 707 EAST MAIN ST, STE 1500 RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET HARDY DIRECTOR SANDS ANDERSON 1111 E. MAIN STREET, STE 2400 RICHMOND, VA 23218-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BEVERLY COVINGTON DIRECTOR STATE COUNCIL OF HIGHER EDUCATION FOR VA 101 NORTH 14TH STREET, 9TH FL RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STINSON MUNDY DIRECTOR MORAN, REEVES & CONN 4110 E. PARHAM ROAD RICHMOND, VA 23226-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA VANZILE DIRECTOR HALL & HALL, PLC 1401 HUGUENOT ROAD, STE 101 MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY A. SKIBA DIRECTOR OWEN & OWENS 1551 MIDLOTHIAN TNP, STE 300 MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN MCVOY DIRECTOR CAPITAL ONE 15000 CAPITAL ONE DRIVE RICHMOND, VA 23238-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACKIE SHARMAN DIRECTOR COATES & DAVENPORT PO BOX 11787 RICHMOND, VA 23230-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER LATTIMORE DIRECTOR ECKERT SEAMANS CHERIN & MELLOTT, LLC 707 EAST MAIN STREET RICHMOND, VA 23219-	<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/ SHARON STUART	SHARON STUART, TREASURER	3/12/2012	
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.			