

1.) CORPORATION NAME:

**METROPOLITAN RICHMOND WOMEN'S BAR  
ASSOCIATION**

DUE DATE: **3/31/2013**

SCC ID NO: **04632428**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VANESSA JONES  
CENTRE COURT. SUITE A  
9401 COURTHOUSE ROAD**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**CHESTERFIELD, VA**

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 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.

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SAKINA PAIGE	
TITLE:	PRESIDENT	
ADDRESS:	Capital One	
CITY/ST/ZIP/CO:	15030 Capital One Drive RICHMOND, VA 23238	

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHARON STUART	
TITLE:	VICE PRESIDENT	
ADDRESS:	STUART LAW FIRM	
CITY/ST/ZIP/CO:	2222 MONUMENT AVENUE RICHMOND, VA 23220	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MELANIE FRIEND	
TITLE:	DIRECTOR	
ADDRESS:	COWAN GATES, PC	
CITY/ST/ZIP/CO:	1930 HUGUENOT ROAD RICHMOND, VA 23235	

NAME:	JENNIFER LATTIMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MEADWESTVACO		
CITY/ST/ZIP/CO:	501 SOUTH 5TH STREET RICHMOND, VA 23219		
NAME:	KIMBERLY A. SKIBA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	OWEN & OWENS		
CITY/ST/ZIP/CO:	1551 MIDLOTHIAN TNPK, STE 300 MIDLOTHIAN, VA 23113		
NAME:	CAROLE TIMBERLAKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIVERSITY OF RICHMOND SCHOOL OF LAW		
CITY/ST/ZIP/CO:	28 WESTHAMPTON WAY RICHMOND, VA 23173		
NAME:	MELISSA VANZILE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	HALL & HALL, PLC		
CITY/ST/ZIP/CO:	1401 HUGUENOT ROAD, STE 101 MIDLOTHIAN, VA 23113		
NAME:	KATHERINE GRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	COWAN GATES, PC		
CITY/ST/ZIP/CO:	1930 HUGUENOT ROAD RICHMOND, VA 23235		
NAME:	IRENE DELCAMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BARNES & DIEHL		
CITY/ST/ZIP/CO:	CENTRE COURT, SUITE A 9401 COURTHOUSE ROAD CHESTERFIELD, VA 23832		
NAME:	JOANNA SUYES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MARKS & HARRISON		
CITY/ST/ZIP/CO:	1500 FOREST AVENUE P.O. BOX 72020 RICHMOND, VA 23255		
NAME:	JULIE MCCONNELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIVERSITY OF RICHMOND SCHOOL OF LAW		
CITY/ST/ZIP/CO:	28 WESTHAMPTON WAY RICHMOND, VA 23173		
NAME:	ALISSON POUILLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VIRGINIA STATE CORPORATE COMMISSION		
CITY/ST/ZIP/CO:	1300 E MAIN ST P.O. BOX 1197 RICHMOND, VA 23218		
NAME:	FAITH ALEJANDRO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SANDS ANDERSON		
CITY/ST/ZIP/CO:	1111 E MAIN ST, SUITE 2400 P.O. BOX 1998 RICHMOND, VA 23218		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEANNE FLOYD DIRECTOR TROUTMAN SANDERS 1001 HAXALL POINT RICHMOND, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALISA FERGUSON DIRECTOR VIRGINIA COLLEGE SAVINGS PLAN 9001 ARBORETUM PARKWAY RICHMOND, VA 23236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIRIAM AIRINGTON DIRECTOR BOWEN CHAMPLIN FOREMAN & ROCKECHARLIE 1919 HUGEUNOT ROAD RICHMOND, VA 23236	<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/ SAKINA PAIGE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SAKINA PAIGE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/26/2013 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.			