

1.) CORPORATION NAME: VALLEY SWIM LEAGUE, INC.	DUE DATE: 5/31/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DEAN M NICHOLS 268 NEWMAN AVE HARRISONBURG, VA 22801	SCC ID NO: 04850483
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1531

CITY/ST/ZIP: HARRISONBURG, VA 22803

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: EMILY SHERRILL TITLE: PRESIDENT ADDRESS: 5530 SAGEFIELD DR CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: SHARON ARMENTROUT TITLE: VICE PRESIDENT ADDRESS: 9066 INDIAN TRAIL ROAD CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: BETH SCHAEFFER TITLE: TREASURER ADDRESS: 391 CLAREMONT AVE CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MAUREEN McCANN TITLE: SECRETARY ADDRESS: 511 E. COLLEGE ST CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812	<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/ BETH SCHAEFFER	BETH SCHAEFFER, TREASURER	5/9/2012
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.