

1.) CORPORATION NAME:

DUE DATE: **10/31/2013**

SAFE HARBOR

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05101530**

**KEVIN J BUCKLEY
HUNTON & WILLIAMS
951 E BYRD ST RIVERFRONT PLZ E TWR**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 17996

CITY/ST/ZIP: RICHMOND, VA 23226

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: CATHERINE HILL TITLE: PRESIDENT ADDRESS: 4206 BROMLEY LANE CITY/ST/ZIP/CO: RICHMOND, VA 23221	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CAROL MADDOCK TITLE: TREASURER ADDRESS: 8185 BULTACO TRAIL CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARY CATHARINE GINN KOLBERT TITLE: VICE PRESIDENT ADDRESS: 5705 W. FRANKLIN STREET CITY/ST/ZIP/CO: RICHMOND, VA 23226	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SHARON TAYLOR TITLE: SECRETARY ADDRESS: 7046 RIVER VALLEY RD CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES ALEXANDER TITLE: DIRECTOR ADDRESS: 8511 WELDON DRIVE CITY/ST/ZIP/CO: HENRICO, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANCINE BARR TITLE: DIRECTOR ADDRESS: 5235 DRYSTACK LANE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: KAREN COLE TITLE: DIRECTOR ADDRESS: 3028 HUNTING HOLLOW ROAD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAY CONGDON TITLE: DIRECTOR ADDRESS: 100 MANAKIN PARKE DR. CITY/ST/ZIP/CO: MANAKIN-SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAYNE PEMBERTON TITLE: DIRECTOR ADDRESS: SANDS ANDERSON, PC P.O. BOX 1998 CITY/ST/ZIP/CO: RICH, VA 23218	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLAIRE SHEPPARD TITLE: DIRECTOR ADDRESS: 6 SWANEE COURT CITY/ST/ZIP/CO: ASHLAND, VA 23005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETSY WILLIAMS TITLE: DIRECTOR ADDRESS: 5924 HERRICK PLACE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL WRISTON TITLE: DIRECTOR ADDRESS: 2130 GALLOWAY TERRACE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GAIL HARRIS TITLE: DIRECTOR ADDRESS: 9438 APPLE BLOSSOM DRIVE CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VANESSA JONES TITLE: DIRECTOR ADDRESS: 1501 BANTRY DRIVE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BECKY LOOS TITLE: DIRECTOR ADDRESS: 6204 CLUB ROAD CITY/ST/ZIP/CO: HENRICO, VA 23228	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MIRTA MARTIN TITLE: DIRECTOR ADDRESS: 3910 REEDS LANDING CIRCLE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<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/ CATHERINE HILL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHERINE HILL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/16/2013 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.		