

1.) CORPORATION NAME:

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

TrePadges

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05742432**

**CHRISTINE A WILLIAMS
BANK OF AMERICA CENTER
1111 EAST MAIN STREET, 16TH FLOOR**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 849 PARKLAND PLACE

CITY/ST/ZIP: GLEN ALLEN, VA 23059

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:	DAVID CLINGENPEEL	
TITLE:	P/V	
ADDRESS:	849 PARKLAND PLACE	
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAWN COLEMAN	
TITLE:	VICE CHAIRMAN	
ADDRESS:	413 STUART CIRCLE APT 3C	
CITY/ST/ZIP/CO:	RICHMOND, VA 23220	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTINE A WILLIAMS	
TITLE:	CHAIRMAN	
ADDRESS:	3228 CENTER RIDGE DRIVE	
CITY/ST/ZIP/CO:	RICHMOND, VA 23233	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LOGAN BRAGG	
TITLE:	DIRECTOR	
ADDRESS:	12005 WHEAT RIDGE CT.	
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LILA GOODMAN	
TITLE:	DIRECTOR	
ADDRESS:	10901 ASHMONT COURT	
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOT GOODMAN	
TITLE:	DIRECTOR	
ADDRESS:	10901 ASHMONT COURT	
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059	

NAME: KELLY LEWIS TITLE: DIRECTOR ADDRESS: 11143 Live Oak Circle CITY/ST/ZIP/CO: Midlothian, VA 23113	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CAROL SMITH TITLE: DIRECTOR ADDRESS: 12136 TURNING BRANCH CIRCLE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JASON WILLIAMS TITLE: DIRECTOR ADDRESS: 3228 CENTER RIDGE DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23233	<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/ CHRISTINE A WILLIAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTINE A WILLIAMS, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	2/4/2013 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.		