

1.) CORPORATION NAME: <b>SANTA'S CHIMNEY SERVICE, INC.</b>	DUE DATE: <b>1/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MONIQUE HAYES 4625 CORDOVA LANE CHESTERFIELD, VA</b>	SCC ID NO: <b>05906953</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESTERFIELD COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4625 CORDOVA LANE

CITY/ST/ZIP: CHESTERFIELD, VA 23832

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: ROBERT P HAYES TITLE: PRESIDENT ADDRESS: 4625 CORDOVA LANE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MONIQUE HAYES TITLE: VICE PRESIDENT ADDRESS: 4625 CORDOVA LANE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JONATHAN M ST. LAWRENCE TITLE: SECRETARY ADDRESS: 4625 CORDOVA LANE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<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/ MONIQUE HAYES	MONIQUE HAYES, VICE PRESIDENT	2/6/2015
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.