

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215526085

1.) CORPORATION NAME:

HE Richmond West, Inc.

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PHILIP N DALY JR
4829 RIVERSIDE DR
DANVILLE, VA**

SCC ID NO: **06418818**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|-------|------------|
| COMV | 1,000 |
| COMNV | 19,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

DANVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4829 RIVERSIDE DR

CITY/ST/ZIP: DANVILLE, VA 24541

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: | PATRICK L DALY SR | | |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 4829 RIVERSIDE DR | | |
| CITY/ST/ZIP/CO: | DANVILLE, VA 24541 | | |

| | | | |
|-----------------|----------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JAMES F DALY | | |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1420 LEE JACKSON HWY | | |
| CITY/ST/ZIP/CO: | LYNCHBURG, VA 24503 | | |

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|-----------------|------------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ROBERT J DALY | | |
| TITLE: | VP/ASST SEC | | |
| ADDRESS: | 1005 BULLARD CT | | |
| CITY/ST/ZIP/CO: | STE 101 RALEIGH, NC 27615 | | |

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|-----------------|-------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JON M DALY SR | | |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 4741 SO MAIN ST | | |
| CITY/ST/ZIP/CO: | WINSTON SALEM, NC 27127 | | |

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|-----------------|--------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | P N DALY JR | | |
| TITLE: | TREASURER | | |
| ADDRESS: | 4829 RIVERSIDE DR | | |
| CITY/ST/ZIP/CO: | DANVILLE, VA 24541 | | |

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/ PATRICK L DALY SR | PATRICK L DALY SR, PRESIDENT | 7/10/2015 |
| 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.