

1.) CORPORATION NAME:

The Chesapeake Public Schools Educational Foundation

DUE DATE: **8/31/2010**

SCC ID NO: **06435861**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
JAMES T. ROBERTS
312 CEDAR RD
CHESAPEAKE, VA 23328**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O CHESAPEAKE PUBLIC SCHOOLS
312 CEDAR RD

CITY/ST/ZIP: CHESAPEAKE, VA 23322-

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:	DR ALAN L VAUGHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	312 CEDAR RD		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322-		
NAME:	MS VICTORIA LUCENTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	312 CEDAR ROAD		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322-		
NAME:	ROBERT G BAGLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1548 WATERSIDE DRIVE		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	MR JAMES LEFTWICH JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	308 CEDAR LAKES DRIVE		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322-		
NAME:	HARRY A MURPHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	947 UNICORN TRAIL		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322-		

NAME: JAMES T ROBERTS TITLE: DIRECTOR ADDRESS: 312 CEDAR RD CITY/ST/ZIP/CO: CHESAPEAKE, VA 23328-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN ARCHER TITLE: DIRECTOR ADDRESS: P.O. BOX 6273 CITY/ST/ZIP/CO: CHESAPEAKE, VA 23323-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN R BEST TITLE: DIRECTOR ADDRESS: 3901 SAVANNAH DRIVE CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY H KERR TITLE: DIRECTOR ADDRESS: 302 WOODBERRY DRIVE CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DOUG SMITH TITLE: DIRECTOR ADDRESS: 1001 SCENIC PARKWAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23323-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SHEPELLE WATKINS-WHITE TITLE: DIRECTOR ADDRESS: 524 JOHNSTOWN ROAD CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JESSE WILLIAMS TITLE: DIRECTOR ADDRESS: 500 EAST MAIN STREET CITY/ST/ZIP/CO: NORFOLK, VA 23510-	<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/ MS VICTORIA LUCENTE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MS VICTORIA LUCENTE, TREASURER PRINTED NAME AND CORPORATE TITLE
9/17/2010 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.	