

1.) CORPORATION NAME: <b>CHESAPEAKE RECOVERY &amp; TOWING INC.</b>	DUE DATE: <b>7/31/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KAREN R PIERCE 5115 NORVELLA AVE NORFOLK, VA 23513</b>	SCC ID NO: <b>06625776</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>NORFOLK CITY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: PO BOX 10745  CITY/ST/ZIP: NORFOLK, VA 23513	
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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: KAREN PIERCE ATCHISON TITLE: DIRECTOR ADDRESS: P.O Box 10745 CITY/ST/ZIP/CO: NORFOLK, VA 23513		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY ATCHISON TITLE: DIRECTOR ADDRESS: P.O Box 10745 CITY/ST/ZIP/CO: NORFOLK, VA 23513		

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/ KAREN PIERCE ATCHISON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN PIERCE ATCHISON, DIRECTOR PRINTED NAME AND CORPORATE TITLE	7/27/2012 DATE
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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.