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| <b>SCC eFile</b>  | <b>2014 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 214546048   |       |            |
| 1.) CORPORATION NAME:<br><b>Older Dominion Partnership, Inc.</b>  |   | DUE DATE: <b>10/31/2014</b>   |       |            |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>C T CORPORATION SYSTEM<br/>4701 COX ROAD, SUITE 285<br/>GLEN ALLEN, VA</b>                                     |   | SCC ID NO: <b>07005184</b>  |       |            |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>  |   | 5.) STOCK INFORMATION   |       |            |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>   |   | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;">CLASS</td> <td style="width: 50px;">AUTHORIZED</td> </tr> </table> | CLASS | AUTHORIZED |
| CLASS   | AUTHORIZED  |   |       |            |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: C/O MCGUIREWOODS LLP<br>901 EAST CARY ST<br><br>CITY/ST/ZIP: RICHMOND, VA 23219   |   |   |       |            |
| 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: ELIZABETH HEAD<br>TITLE: CHAIR/DIRECTOR<br>ADDRESS: C/O HOME INSTEAD SENIOR CARE<br>CITY/ST/ZIP/CO: 6349 PETERS CREEK RD<br>ROANOKE, VA 24019                   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR  |       |            |
| NAME: KELLY L HELLMUTH<br>TITLE: SECRETARY/DIR<br>ADDRESS: MCGUIRE WOODS LLP<br>CITY/ST/ZIP/CO: 901 E CARY ST<br>RICHMOND, VA 23219                                   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR  |       |            |
| NAME: RICHARD W LINDSEY MD<br>TITLE: VICE CHAIR/DIR<br>ADDRESS: 352 KEY WEST DRIVE<br>CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911                                       | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR  |       |            |
| NAME: JEFFREY S CRIBBS SR<br>TITLE: DIRECTOR<br>ADDRESS: 1801 BAYBERRY COURT<br>CITY/ST/ZIP/CO: STE 104<br>RICHMOND, VA 23226   | <input type="checkbox"/> OFFICER  | <input checked="" type="checkbox"/> DIRECTOR  |       |            |
| NAME: THOMAS A SILVESTRI<br>TITLE: DIRECTOR<br>ADDRESS: 300 EAST FRANKLIN ST<br>CITY/ST/ZIP/CO: RICHMOND, VA 23219  | <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/ KELLY L HELLMUTH<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | KELLY L HELLMUTH,<br>SECRETARY/DIR<br>PRINTED NAME AND CORPORATE TITLE                  | 10/8/2014<br>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.