

1.) CORPORATION NAME:

**CREEKWOOD SWIM TEAM**

DUE DATE: **11/30/2011**

SCC ID NO: **07021876**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**S CRAIG LANE**

**3520 A COURTHOUSE RD**

**RICHMOND, VA 23236**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4313 BRIXTON ROAD

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: SARAH LIVINGSTON  
TITLE: PRESIDENT  
ADDRESS: 7410 WINDING CREEK LANE  
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-

OFFICER

DIRECTOR

NAME: DIANN PEARSON  
TITLE: VICE PRESIDENT  
ADDRESS: 4311 ALLWORTHY LANE  
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-

OFFICER

DIRECTOR

NAME: LORI HIGLEY  
TITLE: SECRETARY  
ADDRESS: 7401 WINDING CREEK LANE  
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-

OFFICER

DIRECTOR

NAME: MARGARET FOSTER  
TITLE: TREASURER  
ADDRESS: 5507 TOWNSBURY LANE  
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-

OFFICER

DIRECTOR

NAME: WILLIAM D BREEDEN  
TITLE: ASST TREASURER  
ADDRESS: 4313 BRIXTON RD  
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-

OFFICER

DIRECTOR

|   |                                  |  |
|---|----------------------------------|--|
| NAME: STEPHANIE ROTH<br>TITLE: DIRECTOR<br>ADDRESS: 4406 MOREHOUSE TERRACE<br>CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|----------------------------------|--|

|   |                                  |  |
|---|----------------------------------|--|
| NAME: TRACY FARRELL<br>TITLE: DIRECTOR<br>ADDRESS: 4361 COLLINGSWOOD DRIVE<br>CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|----------------------------------|--|

|   |                                  |  |
|---|----------------------------------|--|
| NAME: BRIAN DAVIS<br>TITLE: DIRECTOR<br>ADDRESS: 4307 SOUNDVIEW LANE<br>CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832- | <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/ WILLIAM D BREEDEN<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | WILLIAM D BREEDEN, ASST<br>TREASURER<br>PRINTED NAME AND CORPORATE TITLE | 10/22/2011<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.