

1.) CORPORATION NAME: **CREEKWOOD SWIM TEAM** DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **S CRAIG LANE** SCC ID NO: **07021876**

**3520 A COURTHOUSE RD  
RICHMOND, VA 23236**

5.) STOCK INFORMATION  

CLASS	AUTHORIZED
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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: VICE PRESIDENT ADDRESS: 7410 WINDING CREEK LANE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Alan Zoldork TITLE: PRESIDENT ADDRESS: 4231 Brixton Road CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LORI HIGLEY TITLE: SECRETARY ADDRESS: 7401 WINDING CREEK LANE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Jeff William TITLE: TREASURER ADDRESS: 4313 Soundview Lane CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM D BREEDEN TITLE: ASST TREASURER ADDRESS: 4313 BRIXTON RD CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRIAN DAVIS TITLE: DIRECTOR ADDRESS: 4307 SOUNDVIEW LANE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TRACY FARRELL TITLE: DIRECTOR ADDRESS: 4361 COLLINGSWOOD DRIVE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: STEPHANIE ROTH TITLE: DIRECTOR ADDRESS: 4406 MOREHOUSE TERRACE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM D BREEDEN, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	11/17/2012 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.