

1.) CORPORATION NAME:

**Advancement Services, Inc.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LESLIE J COLLINS  
1920 EAST PARHAM ROAD  
RICHMOND, VA 23228**

SCC ID NO: **07270754**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1920 E PARHAM RD

CITY/ST/ZIP: RICHMOND, VA 23228

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.

<p>NAME: JOHN R NESTER II TITLE: PRESIDENT ADDRESS: 1920 E PARHAM RD CITY/ST/ZIP/CO: RICHMOND, VA 23228</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LESLIE J COLLINS TITLE: SECRETARY ADDRESS: 1920 E PARHAM RD CITY/ST/ZIP/CO: RICHMOND, VA 23228</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM A ROYALL, JR TITLE: CHAIRMAN ADDRESS: 1920 E PARHAM RD CITY/ST/ZIP/CO: RICHMOND, VA 23228</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JEFFERY M FARRERO TITLE: DIRECTOR ADDRESS: 303 W MADISON ST SUITE 2500 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT P HEALY TITLE: DIRECTOR ADDRESS: 303 WEST MADISON ST SUITE 2500 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Richard A Lobo TITLE: DIRECTOR ADDRESS: 10 S Wacker Dr Suite 3175 CITY/ST/ZIP/CO: Chicago, IL 60606</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Edward M Lhee TITLE: DIRECTOR ADDRESS: 10 S Wacker Dr Suite 3175 CITY/ST/ZIP/CO: Chicago, IL 60606	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Thomas J Formolo TITLE: DIRECTOR ADDRESS: 10 S Wacker Dr Suite 3175 CITY/ST/ZIP/CO: Chicago, IL 60606	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Cameron G Smith TITLE: DIRECTOR ADDRESS: 10 S Wacker Dr Suite 3175 CITY/ST/ZIP/CO: Chicago, IL 60606	<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/ LESLIE J COLLINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LESLIE J COLLINS, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/23/2012 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.		