

1.) CORPORATION NAME:

Advancement Services, Inc.

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

NAME:	JOHN R NESTER II	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1920 E PARHAM RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23228		
NAME:	LESLIE J COLLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1920 E PARHAM RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23228		
NAME:	WILLIAM A ROYALL, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1920 E PARHAM RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23228		
NAME:	GREG J BARONI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9872 AVENEL FARM DRIVE		
CITY/ST/ZIP/CO:	POTOMAC, MD 20854		
NAME:	JEFFERY M FARRERO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	303 W MADISON ST		
CITY/ST/ZIP/CO:	SUITE 2500 CHICAGO, IL 60606		
NAME:	THOMAS J FORMOLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 S WACKER DR		
CITY/ST/ZIP/CO:	SUITE 3175 CHICAGO, IL 60606		

NAME: ROBERT P HEALY TITLE: DIRECTOR ADDRESS: 303 WEST MADISON ST SUITE 2500 CITY/ST/ZIP/CO: CHICAGO, IL 60606	<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: RICHARD A LOBO 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: JOCELYN R STANLEY 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	LESLIE J COLLINS, SECRETARY	8/26/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		