

1.) CORPORATION NAME:

the Richmond Suburban Ladies Tennis League

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

ANN MICHELE SWEENEY

5044 WESTCOTT RIDGE DRIVE

GLEN ALLEN, VA 23059

SCC ID NO: **07316011**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5004 WESTCOTT RIDGE DR

CITY/ST/ZIP: GLEN ALLEN, VA 23059-

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: KATHIE AVERY
TITLE: CHAIRMAN
ADDRESS: 9523 CHATTERLEIGH DR
CITY/ST/ZIP/CO: RICHMOND, VA 23238-

OFFICER

DIRECTOR

NAME: LORRAINE BARLOW
TITLE: DIRECTOR
ADDRESS: 1411 WESTBRIAR DR
CITY/ST/ZIP/CO: RICHMOND, VA 23238-

OFFICER

DIRECTOR

NAME: BROOKE HATCHER
TITLE: DIRECTOR
ADDRESS: 4 CLARKE RD
CITY/ST/ZIP/CO: RICHMOND, VA 23226-

OFFICER

DIRECTOR

NAME: ANN MICHELE SWEENEY
TITLE: DIRECTOR
ADDRESS: 5004 WESTCOTT RIDGE DR
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059-

OFFICER

DIRECTOR

NAME: LAURIE HUIZENGA
TITLE: DIRECTOR
ADDRESS: 4120 HILLCREST RD
CITY/ST/ZIP/CO: RICHMOND, VA 23225-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETSY GOODREAU DIRECTOR 12103 WEXWOOD PL RICHMOND, VA 23236-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA BOYKIN DIRECTOR 4504 DALAT CT GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA FRAZIER DIRECTOR 4909 WINDY HOLLOW WAY GLEN ALLEN, VA 23059-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE VALIQUETT DIRECTOR 12008 VALLEYBROOK DR RICHMOND, VA 23233-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERYL LIPSCOMB DIRECTOR 9507 CHATTERLEIGH DR RICHMOND, VA 23238-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE LAHY DIRECTOR 223 ROSS RD RICHMOND, VA 23229-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SLATER DUNBAR DIRECTOR 3620 OLD GUN ROAD EAST MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE JOHNSON DIRECTOR 5512 SILVER BIRCH LANE MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIE EVERY DIRECTOR 5717 LAKE WEST TERR GLEN ALLEN, VA 23059-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARA BUTLER DIRECTOR 9069 KINGS CHARTER DR MECHANICSVILLE, VA 23116-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN LOCKHART DIRECTOR 14307 SOUTHWELL TERR MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE BURCHAM DIRECTOR 5492 OLD GAINES MILL LANE MECHANICSVILLE, VA 23111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE GILFILLAN DIRECTOR 4007 POPLAR GROVE CT MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRACY ROTH DIRECTOR 3805 HOUNDSTOOTH CT RICHMOND, VA 23233-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY THOMAS DIRECTOR 13216 FAWNBOROUGH RD MONTPELIER, VA 23192-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE NOBLE DIRECTOR 352 HOLLY LAKE DR MANAKIN SABOT, VA 23103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY LEE GAY DIRECTOR 6802 UNIVERSITY DR RICHMOND, VA 23229-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN EVANS DIRECTOR 813 COLONY BLUFF PL RICHMOND, VA 23238-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETSEY JAMES DIRECTOR 11210 WARREN VIEW RD RICHMOND, VA 23233-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENE RIGGS DIRECTOR 7626 SWEETBRIAR RD RICHMOND, VA 23229-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: LILLIE WAUFORD TITLE: DIRECTOR ADDRESS: 2411 BRAEMAR CT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: KATHERINE COOK TITLE: DIRECTOR ADDRESS: 4 BISLEY CT CITY/ST/ZIP/CO: HENRICO, VA 23238-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: SUSIE TROTTER TITLE: DIRECTOR ADDRESS: 9956 DURYE A DR CITY/ST/ZIP/CO: RICHMOND, VA 23235-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: CINDY MUNCY TITLE: DIRECTOR ADDRESS: 8221 SILKWOOD DR CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: JENNIFER GNAPP TITLE: DIRECTOR ADDRESS: 1521 WILLINGHAM RD CITY/ST/ZIP/CO: RICHMOND, VA 23238-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: VICKI BRADT TITLE: DIRECTOR ADDRESS: 14641 CASTLEFORD CT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-	<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/ ANN MICHELE SWEENEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANN MICHELE SWEENEY, DIRECTOR PRINTED NAME AND CORPORATE TITLE	12/13/2011 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.