

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212513500

1.) CORPORATION NAME:

**WINDHAM PROFESSIONALS, INC.**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER  
1111 EAST MAIN STREET, 16TH FLOOR**

SCC ID NO: **F1294133**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMAV  | 100        |
| COMBNV | 900        |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 380 MAIN STREET

CITY/ST/ZIP: SALEM, NH 03079

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:           | ERIN W S ZALDASTANI | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT           |   |  |
| ADDRESS:        | 380 MAIN ST         |   |  |
| CITY/ST/ZIP/CO: | SALEM, NH 03079     |   |  |

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| NAME:           | EDWARD M SHEEHAN III | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT       |   |  |
| ADDRESS:        | 380 MAIN STREET      |   |  |
| CITY/ST/ZIP/CO: | SALEM, NH 03079      |   |  |

|                 |                  |   |  |
|-----------------|------------------|---|--|
| NAME:           | RAMONA R SHEEHAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER        |   |  |
| ADDRESS:        | 380 MAIN STREET  |   |  |
| CITY/ST/ZIP/CO: | SALEM, NH 03079  |   |  |

|                 |                        |   |  |
|-----------------|------------------------|---|--|
| NAME:           | MEGAN L.S. KRISTIANSEN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY              |   |  |
| ADDRESS:        | 380 MAIN STREET        |   |  |
| CITY/ST/ZIP/CO: | SALEM, NH 03079        |   |  |

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.

|   |   |                  |
|---|---|------------------|
| <u>/s/ ERIN W S ZALDASTANI</u>                      | <u>ERIN W S ZALDASTANI,</u>                   | <u>4/16/2012</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT<br>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.