

1.) CORPORATION NAME:

AREVA NP INC.

DUE DATE: **9/30/2011**

SCC ID NO: **F1463597**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATE CREATIONS NETWORK INC

4445 CORPORATION LN 2ND FL

VIRGINIA BEACH, VA 23462

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3315 OLD FOREST ROAD
OF28

CITY/ST/ZIP: LYNCHBURG, VA 24501-

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: MICHAEL W RENCHECK
TITLE: P/CEO
ADDRESS: 3315 OLD FOREST ROAD
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-

OFFICER

DIRECTOR

NAME: GEORGE B BEAM
TITLE: SR VP
ADDRESS: 155 MILL RIDGE ROAD
CITY/ST/ZIP/CO: LYNCHBURG, VA 24502-

OFFICER

DIRECTOR

NAME: DAVID M ROYER
TITLE: SECRETARY
ADDRESS: 3315 OLD FOREST ROAD
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-

OFFICER

DIRECTOR

NAME: BRITT T MCKINNEY
TITLE: SVP
ADDRESS: 3315 OLD FOREST ROAD
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-

OFFICER

DIRECTOR

NAME: ROBERT A WILLIAMS
TITLE: CFO
ADDRESS: 3315 OLD FOREST ROAD
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-

OFFICER

DIRECTOR

| | | | |
|--|---|---|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | THOMAS G FRANCH SVP 7207 IBM DRIVE CHARLOTTE, NC 28262- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARK W MARANO SVP 7207 IBM DRIVE CHARLOTTE, NC 28262- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | PETER F CASTINE VICE PRESIDENT 3315 OLD FOREST ROAD LYNCHBURG, VA 24501- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | LAURIE S HARRIS TREASURER 3315 OLD FOREST ROAD LYNCHBURG, VA 24501- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ROBERT A DUTTON ASST SECRETARY 2101 HORN RAPIDS ROAD RICHLAND, WA 99352- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | HERBERT M WINEGARD ASST SECRETARY 7207 IBM DRIVE CHARLOTTE, NC 28262- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | PHILIPPE KNOCHE DIRECTOR 33 RUE LAFAYETTE PARIS, 75442-, FRANCE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JACQUES BESNAINOU DIRECTOR 4800 HAMPDEN LANE BETHESDA, VA - | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | LOUIS FRANCOIS DURRET DIRECTOR 33 RUE LAFAYETTE PARIS, 75442-, FRANCE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CLAUDE JAOUEN DIRECTOR 1 PLACE JEAN MILLER PARIS, 92084-, FRANCE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

OFFICER DIRECTOR

NAME: OLIVIER WANTZ
TITLE: DIRECTOR
ADDRESS: 33 RUE LAFAYETTE
CITY/ST/ZIP/CO: PARIS, 75442-, FRANCE

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.

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|---|----------------------------------|------------------|
| <u>/s/ DAVID M ROYER</u> | <u>DAVID M ROYER, SECRETARY</u> | <u>8/18/2011</u> |
| 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.