

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

PQ-Virginia Corporation (USED IN VA BY: PQCorporation)

SCC ID NO: **F1606914**

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 LINDENWOOD DRIVE
VALLEYBROOKE CORP CENTER

CITY/ST/ZIP: MALVERN, PA 19355-1740

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 R BOYCE
TITLE: P/CEO
ADDRESS: 300 LINDENWOOD DRIVE
VALLEYBROOKE CORP CENTER
CITY/ST/ZIP/CO: MALVERN, PA 19355-1740

OFFICER

DIRECTOR

NAME: ERWIN J GOEDE
TITLE: VICE PRESIDENT
ADDRESS: 300 LINDENWOOD DRIVE
VALLEYBROOKE CORP CENTER
CITY/ST/ZIP/CO: MALVERN, PA 19355-1740

OFFICER

DIRECTOR

NAME: ALAN F MCILROY
TITLE: CFO/T/VP
ADDRESS: 300 LINDENWOOD DRIVE
VALLEYBROOKE CORP CENTER
CITY/ST/ZIP/CO: MALVERN, PA 19355-1740

OFFICER

DIRECTOR

NAME: SCOTT RANDOLPH
TITLE: VICE PRESIDENT
ADDRESS: 300 LINDENWOOD DRIVE
VALLEYBROOKE CORP CENTER
CITY/ST/ZIP/CO: MALVERN, PA 19355-1740

OFFICER

DIRECTOR

NAME: WILLIAM J SICHKO JR TITLE: CAO/S ADDRESS: 300 LINDENWOOD DRIVE VALLEYBROOKE CORP CENTER CITY/ST/ZIP/CO: MALVERN, PA 19355-1740	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOSEPH S. KOSCINSKI TITLE: ASST SECRETARY ADDRESS: 300 LINDENWOOD DRIVE VALLEYBROOKE CORP CENTER CITY/ST/ZIP/CO: MALVERN, PA 19355-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BOB COXON TITLE: DIRECTOR ADDRESS: 300 LINDENWOOD DR CITY/ST/ZIP/CO: MALVERN, PA 19355-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW MARINO TITLE: DIRECTOR ADDRESS: 300 LINDENWOOD DR CITY/ST/ZIP/CO: MALVERN, VA 19355-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GLENN YOUNGKIN TITLE: DIRECTOR ADDRESS: 300 LINDENWOOD DR CITY/ST/ZIP/CO: MALVERN, PA 19355-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JONNY GINNS TITLE: DIRECTOR ADDRESS: 300 LINDENWOOD DR CITY/ST/ZIP/CO: MALVERN, PA 19355-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANDY CURRIE TITLE: DIRECTOR ADDRESS: 300 LINDENWOOD DR CITY/ST/ZIP/CO: MALVERN, PA 19355-	<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.	
<u>/s/ JOSEPH S. KOSCINSKI</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOSEPH S. KOSCINSKI, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE
<u>10/5/2011</u> 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.	