

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211528441

1.) CORPORATION NAME:

**American Water Operations and Maintenance, Inc.**

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**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TX**

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

SCC ID NO: **F1691742**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1025 LAUREL OAK ROAD

CITY/ST/ZIP: VOORHEES, NJ 08043-

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:	SHARON CAMERON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/D		
ADDRESS:	1025 LAUREL OAK ROAD		
CITY/ST/ZIP/CO:	VOORHEES, NJ 08043-		
NAME:	OKECHUKWU AZIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1025 LAUREL OAK ROAD		
CITY/ST/ZIP/CO:	VOORHEES, NJ 08043-		
NAME:	JEFFRY E STERBA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1025 LAUREL OAK ROAD		
CITY/ST/ZIP/CO:	VOORHEES, NJ 08043-		
NAME:	MARK F STRAUSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1025 LAUREL OAK ROAD		
CITY/ST/ZIP/CO:	VOORHEES, NJ 08043-		
NAME:	KELLYE L WALKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1025 LAUREL OAK ROAD		
CITY/ST/ZIP/CO:	VOORHEES, NJ 08043-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHANIE M KOLB ASST SECRETARY 1025 LAUREL OAK ROAD VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK K MCDONOUGH ASST SECRETARY 1025 LAUREL OAK ROAD VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS N ANTHONY CFO/VP 1025 LAUREL OAK ROAD VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN C. WOLF CHAIRMAN 1025 LAUREL OAK ROAD VOORHEES, VA 08043-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED BELL CONTROLLER 1025 LAUREL OAK ROAD VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAWN C BUNTING VP/SEC/GC 1025 LAUREL OAK ROAD VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDRE ZINKEVICH VICE PRESIDENT 1025 LAUREL OAK ROAD VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY L MCINTYRE VICE PRESIDENT 1025 LAUREL OAK ROAD VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADAM R MCDONOUGH VICE PRESIDENT 1025 LAUREL OAK ROAD VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W CHOATE VICE PRESIDENT 1025 LAUREL OAK ROAD VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JAMES SHERIDAN TITLE: VICE PRESIDENT ADDRESS: 1025 LAUREL OAK ROAD CITY/ST/ZIP/CO: VOOHEES, NJ 08043-	<input checked="checked" type="checkbox"/> OFFICER	<input 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/ SHAWN C BUNTING	SHAWN C BUNTING, VP/SEC/GC	11/28/2011
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.