

1.) CORPORATION NAME:

**Chicopee, Inc.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1748245**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500
PREFER	40,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9335 HARRIS CORNERS PKWY STE 300

CITY/ST/ZIP: CHARLOTTE, NC 28269

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:	VERONICA HAGEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES & CEO		
ADDRESS:	9335 HARRIS CORNERS PKWY STE 3		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28269		

NAME:	DENNIS NORMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	D/CFO		
ADDRESS:	9335 HARRIS CORNERS PKWY STE 3		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28269		

NAME:	DANIEL L RIKARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9335 HARRIS CORNERS PKWY STE 3		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28269		

NAME:	MICHAEL HALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9335 HARRIS CORNERS PKWY STE 300		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28269		

NAME:	JAMES ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CAO		
ADDRESS:	9335 Harris Corners Pkwy Suite 300		
CITY/ST/ZIP/CO:	Charlotte, NC 28269		

NAME: ROBERT DALE TITLE: VP, Sales ADDRESS: 9335 Harris Corners Pkwy Suite 300 CITY/ST/ZIP/CO: Charlotte, NC 28269	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: VALERIE CALLOWAY TITLE: ASST SECRETARY ADDRESS: 9335 Harris Corners Pkwy Suite 300 CITY/ST/ZIP/CO: Charlotte, NC 28269	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CHARLES SAINÉ TITLE: VP, Procurement ADDRESS: 9335 Harris Corners Pkwy Suite 300 CITY/ST/ZIP/CO: Charlotte , NC 28269	<input checked="" type="checkbox"/> OFFICER <input 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.		
/s/ DENNIS NORMAN	DENNIS NORMAN, D/CFO	4/10/2012
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.		