

1.) CORPORATION NAME:

Chicopee, Inc.

DUE DATE: **4/30/2015**

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

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:

DE

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.

<p>NAME: TIM HUSKEY TITLE: VICE PRESIDENT ADDRESS: 9335 HARRIS CORNERS PKWY CITY/ST/ZIP/CO: CHARLOTTE, NC 28269</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SCOTT TRACEY TITLE: VICE PRESIDENT ADDRESS: 9335 HARRIS CORNERS PKWY CITY/ST/ZIP/CO: CHARLOTTE, NC 28269</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KEVIN WILEY TITLE: VICE PRESIDENT ADDRESS: 9335 HARRIS CORNERS PKWY CITY/ST/ZIP/CO: CHARLOTTE, NC 28269</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL HALE TITLE: DIRECTOR ADDRESS: 9335 HARRIS CORNERS PKWY CITY/ST/ZIP/CO: CHARLOTTE, VA 28269</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DENNIS NORMAN TITLE: D/CFO ADDRESS: 9335 HARRIS CORNERS PKWY STE 3 CITY/ST/ZIP/CO: CHARLOTTE, NC 28269</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES ANDERSON TITLE: CAO ADDRESS: 9335 HARRIS CORNERS PKWY SUITE 300 CITY/ST/ZIP/CO: CHARLOTTE, NC 28269</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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

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

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/ KEVIN WILEY</u>	<u>KEVIN WILEY, VICE PRESIDENT</u>	<u>4/28/2015</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.