

1.) CORPORATION NAME:

A. W. Chesterton Company

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1864778**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	100,000
COMNV	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 UNICORN PARK DR

CITY/ST/ZIP: WOBURN, MA 01801

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: BRIAN R O'DONNELL TITLE: PRES / CEO ADDRESS: 500 UNICORN PARK DR CITY/ST/ZIP/CO: WOBURN, MA 01801</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RONALD J MAXWELL TITLE: VP CFO ADDRESS: 500 UNICORN PARK DR CITY/ST/ZIP/CO: WOBURN, MA 01801</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PETER C MCCORMACK TITLE: VICE PRESIDENT ADDRESS: 500 UNICORN PARK DR CITY/ST/ZIP/CO: WOBURN, MA 01801</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH E RILEY JR TITLE: VP GC ADDRESS: 500 UNICORN PARK DR CITY/ST/ZIP/CO: WOBURN, MA 01801</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN CARROLL TITLE: DIRECTOR ADDRESS: 500 UNICORN PARK DR CITY/ST/ZIP/CO: WOBURN, MA 01801</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD F HOYLE TITLE: DIRECTOR ADDRESS: 500 UNICORN PARK DRIVE CITY/ST/ZIP/CO: WOBURN, MA 01801</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR BLASBERG JR. DIRECTOR 500 UNICORN PARK DRIVE WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W HAYES DIRECTOR 500 UNICORN PARK DRIVE WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW CHESTERTON DIRECTOR 500 UNICORN PARK DRIVE WOBURN, MA 01801	<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.			
/s/ PETER C MCCORMACK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PETER C MCCORMACK, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/18/2012 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.			