

1.) CORPORATION NAME:

**A. W. Chesterton Company**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1864778**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

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.

NAME:	BRIAN R O'DONNELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES / CEO		
ADDRESS:	500 UNICORN PARK DR		
CITY/ST/ZIP/CO:	WOBURN, MA 01801		
NAME:	MARY JANET BAIRD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CFO		
ADDRESS:	500 UNICORN PARK DR		
CITY/ST/ZIP/CO:	WOBURN, MA 01801		
NAME:	PETER C MCCORMACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 UNICORN PARK DR		
CITY/ST/ZIP/CO:	WOBURN, MA 01801		
NAME:	JOSEPH E RILEY JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP GC		
ADDRESS:	500 UNICORN PARK DR		
CITY/ST/ZIP/CO:	WOBURN, MA 01801		
NAME:	ARTHUR BLASBERG JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 UNICORN PARK DRIVE		
CITY/ST/ZIP/CO:	WOBURN, MA 01801		
NAME:	JOHN CARROLL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 UNICORN PARK DR		
CITY/ST/ZIP/CO:	WOBURN, MA 01801		

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
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:	RICHARD F HOYLE 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	5/29/2013 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.			