

1.) CORPORATION NAME:

A. W. Chesterton Company

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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:

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 TITLE: PRES / CEO ADDRESS: 500 UNICORN PARK DR CITY/ST/ZIP/CO: WOBURN, MA 01801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY JANET BAIRD TITLE: VP CFO ADDRESS: 500 UNICORN PARK DR CITY/ST/ZIP/CO: WOBURN, MA 01801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PETER C MCCORMACK TITLE: VICE PRESIDENT ADDRESS: 500 UNICORN PARK DR CITY/ST/ZIP/CO: WOBURN, MA 01801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOSEPH E RILEY JR TITLE: VP GC ADDRESS: 500 UNICORN PARK DR CITY/ST/ZIP/CO: WOBURN, MA 01801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ARTHUR BLASBERG JR. TITLE: DIRECTOR ADDRESS: 500 UNICORN PARK DRIVE CITY/ST/ZIP/CO: WOBURN, MA 01801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN CARROLL TITLE: DIRECTOR ADDRESS: 500 UNICORN PARK DR CITY/ST/ZIP/CO: 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
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	6/3/2014 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.			