

1.) CORPORATION NAME:

**The Barcroft School and Civic League**

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JENNIFER LIS  
811 S TAYLOR ST  
ARLINGTON, VA**

SCC ID NO: **00388926**

5.) STOCK INFORMATION

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

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 SOUTH BUCHANAN STREET

CITY/ST/ZIP: ARLINGTON, VA 22204

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:	ERIC HAROLD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	902 S BUCHANAN ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		
NAME:	CHRIS KUPCZYK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	800 S BUCHANAN ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		
NAME:	JENNIFER LIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	811 S TAYLOR ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		
NAME:	FAY CHEUNG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	MEM SECRETARY		
ADDRESS:	618 S TAYLOR ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		
NAME:	RANDY SWART	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	800 S BUCHANAN ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		
NAME:	MICHAEL BEHRINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4749 6TH ST S		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		

NAME: KEITH FRED TITLE: DIRECTOR ADDRESS: 800 S BUCHANAN ST CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRYANT MONROE TITLE: DIRECTOR ADDRESS: 4619 FOURTH ST S CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL NAZARETH TITLE: DIRECTOR ADDRESS: 800 S BUCHANAN ST CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<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/ JENNIFER LIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER LIS, TREASURER PRINTED NAME AND CORPORATE TITLE	9/25/2014 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.		