

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214515820

1.) CORPORATION NAME:

FAIRFAX, VIRGINIA CHAPTER OF SPEBSQSA, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CLIFFORD J. SHOEMAKER
9711 MEADOWLARK ROAD
VIENNA, VA**

SCC ID NO: **00806513**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9711 MEADOWLARK ROAD

CITY/ST/ZIP: VIENNA, VA 22182

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: RANDY MOLLER
TITLE: PRESIDENT
ADDRESS: 9670 SCOTCH HAVEN DRIVE
CITY/ST/ZIP/CO: VIENNA, VA 22181

OFFICER

DIRECTOR

NAME: HAROLD WEINBERGER
TITLE: VP, MARKETING
ADDRESS: 1225 N. QUINN ST.
CITY/ST/ZIP/CO: ARLINGTON, VA 22209

OFFICER

DIRECTOR

NAME: CLIFF SHOEMAKER
TITLE: VP, MUSIC&PERF
ADDRESS: 9711 MEADOWLARK RD.
CITY/ST/ZIP/CO: VIENNA, VA 22182

OFFICER

DIRECTOR

NAME: AARON WATTS
TITLE: VP, MEMBERSHIP
ADDRESS: 13403 RUNNING PUMP CT.
CITY/ST/ZIP/CO: HERNDON, VA 20171

OFFICER

DIRECTOR

NAME: RAY LATURNO
TITLE: RECORD. SEC
ADDRESS: 12378 BROWN FOX WAY
CITY/ST/ZIP/CO: RESTON, VA 20191

OFFICER

DIRECTOR

NAME: SAM MCFARLAND
TITLE: CORRES. SEC
ADDRESS: 1549 HUNTING AVE
CITY/ST/ZIP/CO: MCLEAN, VA 22102

OFFICER

DIRECTOR

NAME: KEVIN DEASY TITLE: TREASURER ADDRESS: 11908 PARADISE LN CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRED GELDON TITLE: IMM PST PRSDNT ADDRESS: 5 GOLDEN CREST CT CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL GRANO TITLE: DIRECTOR ADDRESS: 5017 WHEATSTONE DR. CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUG JONES TITLE: DIRECTOR ADDRESS: 4237 WORCESTER DR CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALEX LAUFER TITLE: DIRECTOR ADDRESS: 7919 LOBELIA LANE CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ART MEDICI TITLE: DIRECTOR ADDRESS: 10104 HIGH HILL CT. CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<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/ CLIFF SHOEMAKER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CLIFF SHOEMAKER, VP, MUSIC&PERF PRINTED NAME AND CORPORATE TITLE	3/25/2014 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.		