

1.) CORPORATION NAME:

SPRINGFIELD GOLF & COUNTRY CLUB, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEPHEN D HALFHILL
11350 RANDOM HILLS RD SUITE 700
FAIRFAX, VA**

SCC ID NO: **00872762**

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: 8301 OLD KEENE MILL RD

CITY/ST/ZIP: SPRINGFIELD, VA 22152

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: KEITH TAYLOR TITLE: PRESIDENT ADDRESS: 7372 HUNTERS OAK CT. CITY/ST/ZIP/CO: SPRINGFIELD, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRAD MONT TITLE: TREASURER ADDRESS: 8401 HAMPTON WAY CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUG BAYER TITLE: VICE PRESIDENT ADDRESS: 7912 JANSEN COURT CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID CAMERON TITLE: DIRECTOR ADDRESS: 8008 ROCKWOOD COURT CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL CONNOR TITLE: DIRECTOR ADDRESS: 8846 WESTERN HEMLOCK WAY CITY/ST/ZIP/CO: LORTON, VA 22019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT MCNAMARA TITLE: DIRECTOR ADDRESS: 9816 NATICK ROAD CITY/ST/ZIP/CO: BURKE, VA 22045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Scott Flood TITLE: SECRETARY ADDRESS: 6909 Spanker Drive CITY/ST/ZIP/CO: Burke, VA 22015	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BILL DARDEN TITLE: DIRECTOR ADDRESS: 7936 LOBELIA LANE CITY/ST/ZIP/CO: Springfield, VA 22152	<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/ KEITH TAYLOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEITH TAYLOR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/30/2014 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.		