

1.) CORPORATION NAME:

**GRAFTON SCHOOL, INCORPORATED**

DUE DATE: **9/4/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES G GAYNOR II  
120 BELLVIEW AVE  
WINCHESTER, VA**

SCC ID NO: **00883553**

5.) STOCK INFORMATION

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

**WINCHESTER CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 BELLVIEW AVENUE

CITY/ST/ZIP: WINCHESTER, VA 22601

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:	JAMES GAYNOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/CHIEF EXEC		
ADDRESS:	216 COTTON RIDGE ROAD		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22603		

NAME:	DEMETRIUS CARMICHAEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1460 UNIVERSITY DR		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		

NAME:	NORMAN BABBITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3952 ROYAL LYTHAM COURT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME:	JANICE L. LaBEL, Ph.D.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	25 Staniford Street		
CITY/ST/ZIP/CO:	Boston, MA 02114		

NAME:	JERRY B. PARTLOW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P. O. BOX 2900		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22604		

NAME:	DAVID BOWERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	108 CHURCH STREET, SE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME: MARYANNE MOONEY TITLE: DIRECTOR ADDRESS: 898 PORCUPINE RIDGE ROAD CITY/ST/ZIP/CO: DAYLESFORD, Vic 3461, AU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK EPSTEIN TITLE: DIRECTOR ADDRESS: 2319 NORTH VAN BUREN COURT CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN SHERMAN TITLE: DIRECTOR ADDRESS: 8004 WESTOVER ROAD CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TERI LLOYD TITLE: DIRECTOR ADDRESS: 633 MILLWOOD AVENUE CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<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/ JAMES GAYNOR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES GAYNOR, PRES/CHIEF EXEC _____ PRINTED NAME AND CORPORATE TITLE	9/4/2013 _____ 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.		