

1.) CORPORATION NAME:

DUE DATE: **11/30/2012**

CIVIC ASSOCIATION OF HOLLIN HILLS

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **00918086**

**RONALD L MCCALLUM
7110 REBECCA DR.
ALEXANDRIA, VA 22307**

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: 1600 PAUL SPRING RD

CITY/ST/ZIP: ALEXANDRIA, VA 22307

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: JAY PASCOE TITLE: PRESIDENT ADDRESS: 7108 REBECCA DRIVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TANIA RYAN TITLE: VICE PRESIDENT ADDRESS: 7308 RIPPON RD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Hilary Ginsburg TITLE: DIRECTOR ADDRESS: 7300 Rippon CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY ANN RAMETTA TITLE: SECRETARY ADDRESS: 7423 HOPA CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD L MCCALLUM TITLE: TREASURER ADDRESS: 7110 REBECCA DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sally Sciacca TITLE: DIRECTOR ADDRESS: 7224 Beechwood CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Pam Williams TITLE: DIRECTOR ADDRESS: 7610 Elba Rd CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BARRY PEARSON TITLE: DIRECTOR ADDRESS: 2009 MARTHA'S RD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BARBARA WICKHAM TITLE: DIRECTOR ADDRESS: 7406 RECARD LN CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<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/ RONALD L MCCALLUM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD L MCCALLUM, TREASURER PRINTED NAME AND CORPORATE TITLE	10/16/2012 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.				