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|---|--|-------|------------|
| 1.) CORPORATION NAME:<br><b>The Mount Vernon Ladies' Association of the Union</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>DAVID J GOGAL<br/>BLANKINSHIP &amp; KEITH<br/>4020 UNIVERSITY DR STE 300<br/><br/>FAIRFAX, VA</b> | DUE DATE: <b>3/31/2016</b><br><br>SCC ID NO: <b>00960385</b><br><br>5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> | CLASS | AUTHORIZED |
| CLASS   | AUTHORIZED   |       |            |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX CITY (FILED IN FAIRFAX COUNTY)</b>  |  |       |            |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>   |  |       |            |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 3200 MOUNT VERNON MEM HWY<br><br>CITY/ST/ZIP: MOUNT VERNON, VA 22121 |
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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.

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| NAME: CURTIS G VIEBRANZ<br>TITLE: PRESIDENT<br>ADDRESS: 3200 MOUNT VERNON MEMORIAL HIGHWAY<br>CITY/ST/ZIP/CO: MOUNT VERNON, NY 22121 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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|--|---|--|
| NAME: SUSY TOWNSEND<br>TITLE: TREASURER<br>ADDRESS: 801 CENTER MILL ROAD<br>CITY/ST/ZIP/CO: GREENVILLE, DE 19807 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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|--|---|--|
| NAME: BARBARA LUCAS<br>TITLE: REGENT<br>ADDRESS: 6443 CLOISTER GATE DRIVE<br>CITY/ST/ZIP/CO: BALTIMORE, MD 21212 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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|   |   |  |
|---|---|--|
| NAME: MELODY RICHARDSON<br>TITLE: SECRETARY<br>ADDRESS: 16 ELMHURST PLACE<br>CITY/ST/ZIP/CO: CINCINNATI, OH 45208 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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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/ CURTIS G VIEBRANZ                               | CURTIS G VIEBRANZ, PRESIDENT     | 4/7/2016 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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.