

1.) CORPORATION NAME:

Encore Stage & Studio, Inc.

DUE DATE: **3/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

JASON TATE

**ENCORE STAGE & STUDIO, ARTISPHERE
1101 WILSON BLVD**

SCC ID NO: **01075597**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ARLINGTON, VA 22209

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: **ENCORE STAGE & STUDIO, ARTISPHERE
1101 WILSON BLVD**

CITY/ST/ZIP: **ARLINGTON, VA 22209-**

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: **PAT KOBOR**
TITLE: **CO-PRESIDENT**
ADDRESS: **9525 LOCUST HILL DR**
CITY/ST/ZIP/CO: **GREAT FALLS, VA 22066-**

OFFICER

DIRECTOR

NAME: **BETSY LOHMANN**
TITLE: **CO-PRESIDENT**
ADDRESS: **4005 FORT WORTH AVE**
CITY/ST/ZIP/CO: **ALEXANDRIA, VA 22304-**

OFFICER

DIRECTOR

NAME: **NANCY BRANBERG**
TITLE: **TREASURER**
ADDRESS: **876 N. KENTUCKY ST**
CITY/ST/ZIP/CO: **ARLINGTON, VA 22205-**

OFFICER

DIRECTOR

NAME: **RICHARD KASHMANIAN**
TITLE: **VICE PRESIDENT**
ADDRESS: **3130 N INGLEWOOD ST**
CITY/ST/ZIP/CO: **ARLINGTON, VA 22207-**

OFFICER

DIRECTOR

NAME: **ROBIN W. BAXTER**
TITLE: **SECRETARY**
ADDRESS: **2524 N FLORIDA ST**
CITY/ST/ZIP/CO: **ARLINGTON, VA 22207-**

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BELINDA CULBERSON DIRECTOR 3615 N ALBEMARLE ST ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY GIDNER DIRECTOR 2612 N ROOSEVELT ST ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CELESTE GROVES DIRECTOR 2515 N RANDOLPH ST ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MASSOUD GRYLOO DIRECTOR 3910 N ABINGDON ST ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY HOWARD DIRECTOR 3507 N DELAWARE ST ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA HUSTON DIRECTOR 7206 ARTHUR DR FALLS CHURCH, VA 22046-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETH JONES DIRECTOR 2929 N LEXINGTON ST ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE KELTY DIRECTOR 1837 KIRBY ROAD MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER/LIZ LEIBOLD/MCCLOSKEY DIRECTOR 608 LANGSTON LANE FALLS CHURCH, VA 22046-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AIMEE MEHER-HOMJI DIRECTOR CLIENT PARTNER KORN FERRY INTERNATIONAL 1700 K ST NW SUITE 700 WASHINGTON, DC 20007-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELE MROZEK DIRECTOR 3657 N ROCKINGHAM ST ARLINGTON, VA 22213-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY KAY PALMER DIRECTOR 2931 N EDISON ST ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNY REISING DIRECTOR 5058 N 35TH RD ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA RODRIGUEZ DIRECTOR 4904 N 15TH ST ARLINGTON, VA 22205-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA SCHINDLER DIRECTOR 11402 MEATH DR FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURY SENDEK DIRECTOR 4921 N 17TH ST ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON TATE DIRECTOR 1406 N OHIO ST ARLINGTON, VA 20005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MOLLY WALLS DIRECTOR 518 S 26TH ST ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURI WILLNER DIRECTOR 4318 N 40TH ST ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAWNE WILSON DIRECTOR 96 HARRISON CT FREDERICK, MD 21702-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	TONY WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	96 HARRISON CT		
CITY/ST/ZIP/CO:	FREDERICK, MD 21702-		

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.

<u>/s/ ROBIN W. BAXTER</u>	<u>ROBIN W. BAXTER, SECRETARY</u>	<u>2/15/2011</u>
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.