

1.) CORPORATION NAME:

Encore Stage & Studio, Inc.

DUE DATE: **3/31/2012**

SCC ID NO: **01075597**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
JASON TATE
ENCORE STAGE & STUDIO
3700 S FOUR MILE RUN DR**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ARLINGTON, VA 22206

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
3700 S FOUR MILE RUN DR

CITY/ST/ZIP: ARLINGTON, VA 22206-

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

OFFICER DIRECTOR

NAME: CELESTE GROVES
TITLE: DIRECTOR
ADDRESS: 2515 N RANDOLPH ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22207-

OFFICER DIRECTOR

NAME: MASSOUD GRYLOO
TITLE: DIRECTOR
ADDRESS: 3910 N ABINGDON ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22207-

OFFICER 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:	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:	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:	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:	ROBIN W. BAXTER DIRECTOR 2524 N FLORIDA ST ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY GIDNER SECRETARY 5854 N 26TH ST ARLINGTON, VA 22207-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON TATE TREASURER 1406 N OHIO ST ARLINGTON, VA 20005-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: LAURI WILNER TITLE: DIRECTOR ADDRESS: 4318 N 40TH ST CITY/ST/ZIP/CO: ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: CHRISTINE HAHN TITLE: DIRECTOR ADDRESS: 3418 N RANDOLPH ST CITY/ST/ZIP/CO: ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: GINA LODATO PELUSI TITLE: DIRECTOR ADDRESS: 5738 EVERGREEN KNOLL CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: MICHAEL ROLLIN TITLE: DIRECTOR ADDRESS: 6123 11TH ST N CITY/ST/ZIP/CO: ARLINGTON, VA 22205-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: ASHBY RUSHING TITLE: DIRECTOR ADDRESS: 3304 23RD ST N CITY/ST/ZIP/CO: ARLINGTON, VA 22201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: SAMANTHA THOMPSON TITLE: DIRECTOR ADDRESS: 2134 PATRICK HENRY DR CITY/ST/ZIP/CO: ARLINGTON, VA 22205-	<input 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/ ROBIN W. BAXTER	ROBIN W. BAXTER, DIRECTOR	3/20/2012
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.