

1.) CORPORATION NAME:

Culpepper Garden I, Incorporated

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ELIZABETH L. WILDHACK
6045 WILSON BOULEVARD
SUITE 101**

SCC ID NO: **01198951**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ARLINGTON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4435 N PERSHING DR

CITY/ST/ZIP: ARLINGTON, VA 22203

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:	BARBARA GREEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5642 20TH ST N		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		
NAME:	MARY SUSAN PHILP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	3120 N 4TH STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	ELIZABETH WILDHACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6045 WILSON BOULEVAD SUITE 101		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		
NAME:	KENNETH MARSHALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1921 FRANKLN AVENUE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	DONALD REDFOOT PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 E STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20049		
NAME:	JEANNE BROYHILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	2818 N. JEFFERSON STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN ALEXANDER DIRECTOR 4800 HAMPDEN LANE BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGG FORTE DIRECTOR 227 N. OAKLAND STREET ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDITH GRAVELLY DIRECTOR 2300 N. CULPEPER STREET ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHA ALLGEIER DIRECTOR 2100 CLARENDON BLVD STE 302 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH MARSHALL DIRECTOR 1921 FRANKLIN AVENUE MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY ALDINGER DIRECTOR 2429 N. QUINTANA STREET ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA FAVOLA DIRECTOR 2319 18TH STREET NORTH ARLINGTON, VA 22201	<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/ ELIZABETH WILDHACK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH WILDHACK, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/28/2013 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.			