

1.) CORPORATION NAME:

THE OCCOQUAN HISTORICAL SOCIETY, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JASON E HICKMAN
COMPTON & DULING LC-PKWY EAST AT COUNTY CTR
12701 MARBLESTONE DR STE 350**

SCC ID NO: **01216860**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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PRINCE WILLIAM, VA 22192-8307

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 65

CITY/ST/ZIP: OCCOQUAN, VA 22125

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:	MARTHA ROBERTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1303 DEVILS REACH DRIVE		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		

NAME:	ALICE GARDINER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	BOX 91		
CITY/ST/ZIP/CO:	OCCOQUAN, VA 22125		

NAME:	DOLORES ELDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15076 COPPER TURTLE PLACE		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22193		

NAME:	ROSE DESTEFANO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12711 GORDON BLVD #80		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		

NAME:	EARNIE PORTA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 502		
CITY/ST/ZIP/CO:	OCCOQUAN, VA 22125		

NAME:	Kim Deal	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO Box 432		
CITY/ST/ZIP/CO:	Occoquan, VA 22125		

NAME: Bobbie Frank TITLE: DIRECTOR ADDRESS: PO Box 634 CITY/ST/ZIP/CO: Occoquan, VA 22125	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Shara Kundu TITLE: DIRECTOR ADDRESS: PO Box 624 CITY/ST/ZIP/CO: Occoquan, VA 22125	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: June Randolph TITLE: DIRECTOR ADDRESS: PO Box 174 CITY/ST/ZIP/CO: Occoquan, VA 22125	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lorraine Musselman TITLE: DIRECTOR ADDRESS: PO Box 93 CITY/ST/ZIP/CO: Occoquan, VA 22125	<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/ EARNIE PORTA	EARNIE PORTA, TREASURER	5/11/2012
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.		