

1.) CORPORATION NAME:

THE OCCOQUAN HISTORICAL SOCIETY, INC.

DUE DATE: **6/30/2013**

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

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
413 Mill Street

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:	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:	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:	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:	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:	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:	BOBBIE FRANK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 634		
CITY/ST/ZIP/CO:	OCCOQUAN, VA 22125		

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: MARTHA ROBERTS TITLE: DIRECTOR ADDRESS: 1303 DEVILS REACH DRIVE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<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	5/12/2013		
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.				