

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

Cornerstones, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **01248210**

**ERIC A WELTER
1141 ELDEN STREET
SUITE 220**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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HERNDON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11150 SUNSET HILLS RD
STE 210

CITY/ST/ZIP: RESTON, VA 20190

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:	DAVID EHRHARDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2015 HOMER TERRACE		
CITY/ST/ZIP/CO:	RESTON, VA 20191-1342		

NAME:	JILL NORCROSS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	11956 GREY SQUIRREL LANE		
CITY/ST/ZIP/CO:	RESTON, VA 20194		

NAME:	BARBARA SCHIPPER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1645 BENTANA WAY		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	KERRIE WILSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	11150 SUNSET HILLS ROAD SUITE 210		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	WILLIAM J BUSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12613 THUNDER CHASE DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	SHARON FITZPATRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	43026 RUNDLE TERRACE		
CITY/ST/ZIP/CO:	STERLING, VA 20176		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGIA GRAVES DIRECTOR 45064 UNDERWOOD LANE SUITE 100 DULLES, VA 20166	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL GREENBERG DIRECTOR 1385 NORTHGATE SQUARE RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALFRED GROFF DIRECTOR 885 CHINQUAPIN RD MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ESTHER JOHNSON DIRECTOR 1333 GRANT STREET HERNDON, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN JONES DIRECTOR 11583 GREENWICH POINT ROAD RESTON, VA 20194	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES T JUDGE DIRECTOR 11203 BRADBURY LANE RESTON, VA 20194-1311	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONSTANCE LAURENT-ROY DIRECTOR 1656 CHIMNEY HOUSE ROAD RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARA LEONARD VICE CHAIRMAN 10531 HUNTER STATION ROAD VIENNA, VA 22181	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA MALLISON DIRECTOR 1991 LOGAN MANOR DRIVE RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH MCCORMICK DIRECTOR 12105 STIRRUP ROAD RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART PATZ DIRECTOR 46175 WESTLAKE DRIVE SUITE 400 POTOMAC FALLS, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: KARYN SANDELMAN TITLE: DIRECTOR ADDRESS: 11046 THRUSH RIDGE ROAD CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVOOD SEDAGHATFAR TITLE: DIRECTOR ADDRESS: 1577 INLET COURT CITY/ST/ZIP/CO: RESTON, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANCIS STEINBAUER TITLE: DIRECTOR ADDRESS: 2501 FOWLERS LANE CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES VOLLMER TITLE: DIRECTOR ADDRESS: 12804 WREXHAM RD. CITY/ST/ZIP/CO: OAK HIL, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHERINE HANLEY TITLE: DIRECTOR ADDRESS: 11776 STRATFORD HOUSE PLACE CITY/ST/ZIP/CO: APT 1109 RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRACEY WHITE TITLE: DIRECTOR ADDRESS: 1800 TOWN CENTER DRIVE CITY/ST/ZIP/CO: SUITE 320 RESTON, VA 20190	<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/ KERRIE WILSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KERRIE WILSON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/10/2014 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.		