

1.) CORPORATION NAME:

BLACKSBURG ALUMNI OF TKE, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT B ALTIZER
126 E MAIN ST
PO BOX 718**

SCC ID NO: **01438175**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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TAZEWELL, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

TAZEWELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7304 OSKALOOSA DRIVE

CITY/ST/ZIP: DERWOOD, MD 20855

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: SCOTT STEIGER TITLE: SECRETARY ADDRESS: 1550 COOMBER COURT CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY LOVELACE TITLE: CHAIRMAN ADDRESS: 508 SANDY VALLEY COURT CITY/ST/ZIP/CO: VA BEACH, VA 23452	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BOBBY ALTIZER TITLE: DIRECTOR ADDRESS: P O BOX 718 CITY/ST/ZIP/CO: TAZEWELL, VA 24651	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROB BLUMEL TITLE: DIRECTOR ADDRESS: 108 W MONROE AVENUE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22301	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIM MURRAY TITLE: DIRECTOR ADDRESS: 13603 GLADWYN COURT CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHAWN ODOWD TITLE: TREASURER ADDRESS: 7304 OSKALOOSA DRIVE CITY/ST/ZIP/CO: DERWOOD, MD 20855	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MONTY FEARNOW TITLE: DIRECTOR ADDRESS: 20068 Broad Run Drive CITY/ST/ZIP/CO: STERLING, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC IDE TITLE: DIRECTOR ADDRESS: 4457 Tuscany Court CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRAD RITTER TITLE: DIRECTOR ADDRESS: 585 S. Heilbron Drive CITY/ST/ZIP/CO: MEDIA, PA 19063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH WHITENER TITLE: DIRECTOR ADDRESS: 18502 Pelican Nest Way CITY/ST/ZIP/CO: LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS KUHN TITLE: DIRECTOR ADDRESS: 5225 7th Street CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARC MAZZIE TITLE: DIRECTOR ADDRESS: 5225 7th Street CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<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/ SHAWN ODOWD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHAWN ODOWD, TREASURER PRINTED NAME AND CORPORATE TITLE	6/11/2013 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.		