

1.) CORPORATION NAME:

BLACKSBURG ALUMNI OF TKE, INC.

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

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:	SHAWN ODOWD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7304 OSKALOOSA DRIVE		
CITY/ST/ZIP/CO:	DERWOOD, MD 20855		

NAME:	SCOTT STEIGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1550 COOMBER COURT		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		

NAME:	BOBBY ALTIZER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 718		
CITY/ST/ZIP/CO:	TAZEWELL, VA 24651		

NAME:	MONTY FEARNOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20068 BROAD RUN DRIVE		
CITY/ST/ZIP/CO:	STERLING, VA 20165		

NAME:	THOMAS KUHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5225 7TH STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		

NAME:	MARC MAZZIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5225 7TH STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		

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: Tammy Bagnato TITLE: PRESIDENT ADDRESS: PO BOX 825 CITY/ST/ZIP/CO: Arlington, VA 22216	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Matthew Leffler TITLE: DIRECTOR ADDRESS: 412 Frank Street CITY/ST/ZIP/CO: Raleigh, NC 27604	<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	1/8/2014 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.		