

1.) CORPORATION NAME:

INDIAN ACRES CLUB OF THORNBURG, INC.

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
WILLIAM A MARR JR
3861 PLAZA DRIVE
FAIRFAX, VA 22030**

SCC ID NO: **01455757**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6437 MORRIS ROAD

CITY/ST/ZIP: SPOTSYLVANIA, VA 22551-

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: CHAD D BROWN
TITLE: PRESIDENT
ADDRESS: PO BOX 5
CITY/ST/ZIP/CO: THORNBURG, VA 22565-

OFFICER

DIRECTOR

NAME: MARILYN PRATHER
TITLE: 1ST VP/ASST T
ADDRESS: 19076 STALEYBRIDGE ROAD
CITY/ST/ZIP/CO: GERMANTOWN, MD 20876-

OFFICER

DIRECTOR

NAME: SHIRLEY A DORSEY
TITLE: SECRETARY
ADDRESS: 4436 QUILLEN CIRCLE
CITY/ST/ZIP/CO: WALDORF, MD 20602-

OFFICER

DIRECTOR

NAME: LILLIAN COOPER- WIGGINS
TITLE: CHAIRMAN
ADDRESS: 3208 HIGHWOOD DR SE
CITY/ST/ZIP/CO: WASHINGTON, DC 20020-

OFFICER

DIRECTOR

NAME: KENYON PARKER
TITLE: TREASURER
ADDRESS: 102 MADISON STREET
CITY/ST/ZIP/CO: FREDERICKS, MD 21701-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHESTER WATERS DIRECTOR 304 ELLSWORTH PLACE OXON HILL, MD 20745-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT SIBERT DIRECTOR 325 ELLA DRIVE LOTHIAN, VA 20711-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA WALTHALL VICE PRESIDENT 11612 YORKDALE DRIVE HOPEWELL, VA 23860-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA BAKER DIRECTOR 6304 HAMS FORD RD SPOTSYLVANIA, VA 22551-	<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/ CHAD D BROWN	CHAD D BROWN, PRESIDENT	5/30/2011
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.