

1.) CORPORATION NAME:

**INDIAN ACRES CLUB OF THORNBURG, INC.**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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:	LILLIAN COOPER- WIGGINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3208 HIGHWOOD DR SE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20020		
NAME:	CHAD D BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 5		
CITY/ST/ZIP/CO:	THORNBURG, VA 22565		
NAME:	MARILYN PRATHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	2ND VP		
ADDRESS:	19076 STALEYBRIDGE ROAD		
CITY/ST/ZIP/CO:	GERMANTOWN, MD 20876		
NAME:	SHIRLEY A DORSEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4436 QUILLEN CIRCLE		
CITY/ST/ZIP/CO:	WALDORF, MD 20602		
NAME:	DONNA WALTHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST T/ASST.SEC		
ADDRESS:	11612 YORKDALE DRIVE		
CITY/ST/ZIP/CO:	HOPEWELL, VA 23860		
NAME:	ROBERT SIBERT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	325 ELLA DRIVE		
CITY/ST/ZIP/CO:	LOTHIAN, VA 20711		

NAME: KENYON PARKER TITLE: CHAIRMAN ADDRESS: 102 MADISON STREET CITY/ST/ZIP/CO: FREDERICKS, MD 21701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VIRGINIA BAKER TITLE: DIRECTOR ADDRESS: 6304 HAMS FORD RD CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22551	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHESTER WATERS TITLE: DIRECTOR ADDRESS: 304 ELLSWORTH PLACE CITY/ST/ZIP/CO: OXON HILL, MD 20745	<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/ LILLIAN COOPER- WIGGINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LILLIAN COOPER- WIGGINS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/6/2012 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.		