

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LILLIAN COOPER- WIGGINS	
TITLE:	PRESIDENT	
ADDRESS:	3208 HIGHWOOD DR SE	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20020	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL MARSHALL	
TITLE:	VICE PRESIDENT	
ADDRESS:	999 WATERBURY HEIGHTS DRIVE	
CITY/ST/ZIP/CO:	CROWNSVILLE, MD 21032	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KENYON PARKER	
TITLE:	Asst. T/2nd VP	
ADDRESS:	102 MADISON STREET	
CITY/ST/ZIP/CO:	FREDERICKS, MD 21701	

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHIRLEY A DORSEY	
TITLE:	SECRETARY	
ADDRESS:	4436 QUILLEN CIRCLE	
CITY/ST/ZIP/CO:	WALDORF, MD 20602	

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAD D BROWN DIRECTOR PO BOX 5 THORNBURG, VA 22565	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL MEEKS DIRECTOR 6627 SHEPHERDSTOWN ROAD WARRENTON, VA 20187	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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
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	11/27/2012 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.			