

1.) CORPORATION NAME:

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

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	PAUL A. MARSHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	999 WATERBURY HEIGHTS DRIVE		
CITY/ST/ZIP/CO:	CROWNSVILLE, MD 21032		
NAME:	CHAD D BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2216 CAROLINE STREET APT 506		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
NAME:	KENYON PARKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	2ND VP		
ADDRESS:	102 MADISON STREET		
CITY/ST/ZIP/CO:	FREDERICK, MD 21701		
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:	CHESTER WATERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	304 ELLSWORTH PLACE		
CITY/ST/ZIP/CO:	OXON HILL, MD 20745		
NAME:	DONNA WALTHALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	11612 YORKDALE DRIVE		
CITY/ST/ZIP/CO:	HOPEWELL, VA 23860		

NAME: PAUL MEEKS TITLE: DIRECTOR ADDRESS: 6627 SHEPHERDSTOWN ROAD CITY/ST/ZIP/CO: WARRENTON, VA 20187	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: LILLIAN COOPER- WIGGINS TITLE: DIRECTOR ADDRESS: 3208 HIGHWOOD DR SE CITY/ST/ZIP/CO: WASHINGTON, DC 20020	<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/ PAUL A. MARSHALL	PAUL A. MARSHALL, PRESIDENT	8/26/2013
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.