

1.) CORPORATION NAME:

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

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DONNA WALTHALL  
11612 YORKDALE DRIVE  
NORTH PRINCE GEORGE, VA**

SCC ID NO: **01455757**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**PRINCE GEORGE 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 TITLE: PRESIDENT ADDRESS: 999 WATERBURY HEIGHTS DRIVE CITY/ST/ZIP/CO: CROWNSVILLE, MD 21032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHAD D BROWN TITLE: 2ND VP/ASST. T ADDRESS: 2216 CAROLINE STREET APT 506 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL H. MEEKS TITLE: VP/TREASURER ADDRESS: 6627 SHEPHERDSTOWN ROAD CITY/ST/ZIP/CO: WARRENTON, VA 20187	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT SIBERT TITLE: DIRECTOR ADDRESS: 325 ELLA DRIVE CITY/ST/ZIP/CO: LOTHIAN, MD 20711	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHERRY EPPS TITLE: SECRETARY ADDRESS: 10029 OLD RIDGE ROAD CITY/ST/ZIP/CO: ASHLAND, VA 23005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TABATHA HETRICK TITLE: ASST SECRETARY ADDRESS: 109 GILMORE STREET CITY/ST/ZIP/CO: GLEN BURNIE, MD 21061	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: DONNA WALTHALL TITLE: CHAIRMAN ADDRESS: 11612 YORKDALE DRIVE CITY/ST/ZIP/CO: NORTH PRINCE GEORGE, VA 23860	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GENE RICCI TITLE: DIRECTOR ADDRESS: 20 CONCANNON STREET CITY/ST/ZIP/CO: PROVIDENCE, RI 02904	<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/ PAUL A. MARSHALL	PAUL A. MARSHALL, PRESIDENT	12/20/2013
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.		