

1.) CORPORATION NAME: WHEELWRIGHT CLUSTER ASSOCIATION	DUE DATE: 11/30/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BRAD MCLEAN 2269 WHEELWRIGHT COURT RESTON, VA 20191	SCC ID NO: 01489988
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 9013 CITY/ST/ZIP: RESTON, VA 20195	
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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: BRAD MCLEAN TITLE: PRESIDENT ADDRESS: 2269 WHEELWRIGHT CT CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KAREN REESE TITLE: VICE PRESIDENT ADDRESS: 2207 WHEELWRIGHT CT CITY/ST/ZIP/CO: RESTON, VA 20191-2334	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT HECKMAN TITLE: SECRETARY ADDRESS: 2228 WHEELWRIGHT CT CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTINE KNIERIM TITLE: DIRECTOR ADDRESS: 2214 WHEELWRIGHT COURT CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" 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/ BRAD MCLEAN	BRAD MCLEAN, PRESIDENT	10/14/2012
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.