

1.) CORPORATION NAME:

**CREATIVE HAIRDRESSERS, INC.**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LESTER D MARDIKS  
RATNER COMPANIES  
1577 SPRING HILL RD STE 500**

SCC ID NO: **01544089**

**VIENNA, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
COMNV	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1577 SPRING HILL ROAD  
STE 500

CITY/ST/ZIP: VIENNA, VA 22182

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:	DENNIS F RATNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/PRES		
ADDRESS:	1577 SPRING HILL ROAD		
	STE 500		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME:	GARY RATNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC		
ADDRESS:	1577 SPRING HILL ROAD		
	SUITE 500		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME:	RICHARD GATTI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC/TRE		
ADDRESS:	1577 SPRING HILL ROAD		
	SUITE 500		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME:	SUSAN GUSTAFSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC		
ADDRESS:	1577 SPRING HILL ROAD		
	STE 500		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME:	LESTER D MARDIKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC		
ADDRESS:	1577 SPRING HILL ROAD		
	STE 500		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME: JAMES PITTLEMAN TITLE: ASST SECRETARY ADDRESS: 1775 WIEHLE AVENUE SUITE 400 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANN RATNER TITLE: SECRETARY ADDRESS: 1577 SPRING HILL ROAD STE 500 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID FELDMAN TITLE: ASST SECRETARY ADDRESS: 1775 WIEHLE AVENUE SUITE 400 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER <input 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.		
<u>/s/ DENNIS F RATNER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DENNIS F RATNER,</u> CHAIRMAN/PRES PRINTED NAME AND CORPORATE TITLE	<u>6/19/2014</u> 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.		