

1.) CORPORATION NAME: **SADDLER OAKS CLUSTER ASSOCIATION** DUE DATE: **11/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **JOSEPH P GIBBONS**  
**2290 GUNSMITH SQ**  
**RESTON, VA** SCC ID NO: **01626498**

5.) STOCK INFORMATION  

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

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:  
 ADDRESS: 2290 GUNSMITH SQUARE  
 CITY/ST/ZIP: RESTON, VA 20191-2308

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: MICHAEL ZARROW		
TITLE: PRESIDENT		
ADDRESS: 2249 GUNSMITH SQ		
CITY/ST/ZIP/CO: RESTON, VA 20191		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOSEPH P GIBBONS		
TITLE: TREASURER		
ADDRESS: 2290 GUNSMITH SQUARE		
CITY/ST/ZIP/CO: RESTON, VA 20191		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LOUIS CUMMING		
TITLE: DIRECTOR		
ADDRESS: 2237 GUNSMITH SQUARE		
CITY/ST/ZIP/CO: RESTON, VA 20191		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES SCHLETT		
TITLE: DIRECTOR		
ADDRESS: 2255 GUNSMITH SQ		
CITY/ST/ZIP/CO: RESTON, VA 20191		

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/ JOSEPH P GIBBONS	JOSEPH P GIBBONS, TREASURER	10/14/2015
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.