

1.) CORPORATION NAME:

GREAT FALLS ATHLETIC ASSOCIATION

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
JAMES GATTO
1650 TYSONS BLVD
MCLEAN, VA 22102**

SCC ID NO: **01716307**

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: P O BOX 836

CITY/ST/ZIP: GREAT FALLS, VA 22066-

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: BRUCE LABOWITZ
TITLE: DIRECTOR
ADDRESS: P O BOX 836
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER DIRECTOR

NAME: SUE RISSING
TITLE: DIRECTOR
ADDRESS: PO BOX 836
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER DIRECTOR

NAME: JIM TOUGHER
TITLE: DIRECTOR
ADDRESS: PO BOX 836
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER DIRECTOR

NAME: WILL SIMONDS
TITLE: DIRECTOR
ADDRESS: PO BOX 836
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER DIRECTOR

NAME: RICHARD FFRENCH
TITLE: DIRECTOR
ADDRESS: PO BOX 836
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALINA KOOS DIRECTOR PO BOX 836 GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NADA KANAAN DIRECTOR PO BOX 836 GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEGAN STEIN DIRECTOR PO BOX 836 GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IAN WINSTANLEY DIRECTOR PO BOX 836 GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CINDY SMITH DIRECTOR PO BOX 836 GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNY CUSHING Commissioner PO BOX 836 GREAT FALLS, VA 22066-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ KENNY CUSHING	KENNY CUSHING, Commissioner	1/12/2012
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.