

1.) CORPORATION NAME:

**GREAT FALLS ATHLETIC ASSOCIATION**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES GATTO  
PILLSBURY WINTHROP SHAW PITTMAN  
1650 TYSONS BLVD**

SCC ID NO: **01716307**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**MCLEAN, VA 22102**

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:	KENNY CUSHING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COMMISSIONER		
ADDRESS:	PO BOX 836		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		
NAME:	RICHARD FFRENCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 836		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		
NAME:	NADA KANAAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 836		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		
NAME:	ALINA KOOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 836		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		
NAME:	BRUCE LABOWITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 836		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		
NAME:	SUE RISSING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 836		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		

NAME: WILL SIMONDS TITLE: DIRECTOR ADDRESS: PO BOX 836 CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CINDY SMITH TITLE: DIRECTOR ADDRESS: PO BOX 836 CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MEGAN STEIN TITLE: DIRECTOR ADDRESS: PO BOX 836 CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIM TOUGHER TITLE: DIRECTOR ADDRESS: PO BOX 836 CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: IAN WINSTANLEY TITLE: DIRECTOR ADDRESS: PO BOX 836 CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<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/ RICHARD FFRENCH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD FFRENCH, DIRECTOR PRINTED NAME AND CORPORATE TITLE	12/26/2012 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.		