

1.) CORPORATION NAME:

GREAT FALLS ATHLETIC ASSOCIATION

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES GATTO
1115 AMANDA DR
GREAT FALLS, VA**

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: RICHARD FFRENCH TITLE: Commissioner ADDRESS: PO BOX 836 CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUE RISSING TITLE: DIRECTOR ADDRESS: PO BOX 836 CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: 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

NAME: Andreas Scherer TITLE: DIRECTOR ADDRESS: PO Box 836 CITY/ST/ZIP/CO: Great Falls, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Krista Gatt TITLE: DIRECTOR ADDRESS: PO Box 836 CITY/ST/ZIP/CO: Great Falls, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Paul Mavris TITLE: DIRECTOR ADDRESS: PO Box 836 CITY/ST/ZIP/CO: Great Falls, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peter Paulsen TITLE: DIRECTOR ADDRESS: PO Box 836 CITY/ST/ZIP/CO: Great Falls, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ashi Chaturvedula TITLE: DIRECTOR ADDRESS: PO Box 836 CITY/ST/ZIP/CO: Great Falls, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Fredrick Rothmeijer 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, Commissioner PRINTED NAME AND CORPORATE TITLE	1/24/2014 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.		