

1.) CORPORATION NAME: RESTON SWIM TEAM ASSOCIATION, INC.	DUE DATE: 3/31/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ANDREW M STORCH 500 NALLS DAIRY COURT GREAT FALLS, VA 22066	SCC ID NO: 01738616
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 2668

CITY/ST/ZIP: RESTON, VA 20195

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: Gail Romansky	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: PO BOX 2668				
CITY/ST/ZIP/CO: RESTON, VA 22066				
NAME: CHUCK NAJJJOUR	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: P O BOX 2668				
CITY/ST/ZIP/CO: RESTON, VA 20195				
NAME: ANDREW STORCH	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: P O BX 2668				
CITY/ST/ZIP/CO: RESTON, VA 20195				
NAME: FRANK SOGANDARES	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: P O BOX 2668				
CITY/ST/ZIP/CO: RESTON, VA 20195				

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/ ANDREW STORCH	ANDREW STORCH, TREASURER	6/26/2012
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.