

1.) CORPORATION NAME: WINTERPORT CLUSTER ASSOCIATION	DUE DATE: 2/28/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHELE HAMILTON 1986 WINTERPORT CLUSTER RESTON, VA	SCC ID NO: 01827112
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: 1930 WINTERPORT CL CITY/ST/ZIP: RESTON, VA 20191	
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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: ROBERT KRAUS TITLE: PRESIDENT ADDRESS: 1930 WINTERPORT CLUSTER CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOHN YANDZIAK TITLE: VICE PRESIDENT ADDRESS: 1978 WINTERPORT CLUSTER CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ELAYNE DEVITO TITLE: SECRETARY ADDRESS: 1896 WINTERPORT CL CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHELLE HAMILTON TITLE: TREASURER ADDRESS: 1986 WINTERPORT CLUSTER CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" 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/ MICHELLE HAMILTON	MICHELLE HAMILTON, TREASURER	6/12/2014
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.