

1.) CORPORATION NAME:

**Greater Springfield Chamber of Commerce, Inc.**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LEMAY & COMPANY  
7830 BACKLICK ROAD STE 300  
SPRINGFIELD, VA 22150**

SCC ID NO: **02038388**

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: 6434 BRANDON AVE  
STE 208

CITY/ST/ZIP: SPRINGFIELD, VA 22150

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.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DICK LUCIER	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 11100	
CITY/ST/ZIP/CO:	BURKE, VA 22015	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL DROBNIS	
TITLE:	PRESIDENT	
ADDRESS:	6434 BRANDON AVENUE, SUITE 208	
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22150	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NEVIN GIBSON	
TITLE:	TREASURER	
ADDRESS:	6109 GLEN OAKS CT	
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KAREN BROWN	
TITLE:	DIRECTOR	
ADDRESS:	9299 OLD KEENE MILL RD	
CITY/ST/ZIP/CO:	BURKE, VA 22015	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BERWICK DREWS	
TITLE:	DIRECTOR	
ADDRESS:	7400 SPRING VILLAGE DRIVE	
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22150	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANNA KAVIANI	
TITLE:	DIRECTOR	
ADDRESS:	5417 BACKLICK RD UNIT B	
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22151	

NAME: ROBERT LEMAY TITLE: VICE PRESIDENT ADDRESS: 7830 BACKLICK ROAD, SUITE 300 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHLEEN MCDERMOTT TITLE: DIRECTOR ADDRESS: 7700 LEESBURG PIKE, SUITE 410 CITY/ST/ZIP/CO: TYSONS CORNER, VA 22043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK RUSSELL TITLE: DIRECTOR ADDRESS: 7261 COMMERCE STREET CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUZANNE SHOGREN TITLE: DIRECTOR ADDRESS: 6550 LOISDALE ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Patrick Barney TITLE: DIRECTOR ADDRESS: 7830 Backlick Road Suite 407 CITY/ST/ZIP/CO: Springfield, VA 22150	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Karen Fountain TITLE: DIRECTOR ADDRESS: 9562 Old Keene Mill Road CITY/ST/ZIP/CO: Burke, VA 22015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mike McGurk TITLE: DIRECTOR ADDRESS: 6440 General Green Way CITY/ST/ZIP/CO: Alexandria, VA 22312	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Meghan Snyder TITLE: DIRECTOR ADDRESS: 4708 Forestdale Drive CITY/ST/ZIP/CO: Fairfax, VA 22032	<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/ MICHAEL DROBNIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL DROBNIS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/7/2013 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.		