

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

Woodside Estates Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **02066082**

**CHARLES H. FRITTS
1298 WOODSIDE DR.
MCLEAN, VA**

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: PO BOX 9361

CITY/ST/ZIP: MCLEAN, VA 22102-0361

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:	MICHAEL CHRISTIANI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8701 OVERLOOK RD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	WILLIAM MANCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8718WOODSIDE COURT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	KARA HEITZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8630 OVERLOOK RD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	ROB JACOBSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	8629 POLK ST		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	NANCY CHRISTIANI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8701 OVERLOOK RD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	CHARLES H. FRITTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1298 WOODSIDE DR.		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME: JULIE THOMAS TITLE: DIRECTOR ADDRESS: 8933 BROOK RD CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Tammy Bjorge TITLE: DIRECTOR ADDRESS: 1300 Alps Drive CITY/ST/ZIP/CO: McLean, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CHARLES H. FRITTS	CHARLES H. FRITTS, DIRECTOR	5/28/2014
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.