

1.) CORPORATION NAME:

**SHELTER HOUSE, INCORPORATED**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
PATRICIA C. ANDERSON  
2579 JOHN MILTON DRIVE  
SUITE 220**

**HERNDON, VA 20171**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **2/28/2011**

SCC ID NO: **02147361**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2579 JOHN MILTON DRIVE  
SUITE 220

CITY/ST/ZIP: HERNDON, VA 20171-

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:	NANCI SCHIMIZZI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9513 KEY WEST AVENUE		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20850-		

NAME:	PATRICIA C ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	President		
ADDRESS:	217 TALAH		
CITY/ST/ZIP/CO:	VIENNA, VA 22180-		

NAME:	RONALD REDMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1717 PENNSYLVANIA AVE SUITE 750		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006-		

NAME:	BARBARA SPOLLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3519 KING ARTHUR ROAD		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003-		

NAME:	KIM KENDRICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1400 K STREET NW SUITE 1000		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005-		

NAME: AMY COOK TITLE: DIRECTOR ADDRESS: 1680 CAPITAL ONE DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TONYA CRIDLAND TITLE: DIRECTOR ADDRESS: 3918 PROSPERITY AVE CITY/ST/ZIP/CO: FAIRFAX, VA 22031-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN G KELLY TITLE: DIRECTOR ADDRESS: 2300 WILSON BLVD SUITE 700 CITY/ST/ZIP/CO: ARLINGTON, VA 22201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFF SCANNELL TITLE: DIRECTOR ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRETT THOMPSON TITLE: DIRECTOR ADDRESS: 950 NORTH GLEBE ROAD SUITE 2500 CITY/ST/ZIP/CO: ARLINGTON, VA 22203-	<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.		
<u>/s/ JEFF SCANNELL</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JEFF SCANNELL, DIRECTOR</u> PRINTED NAME AND CORPORATE TITLE	<u>2/25/2011</u> 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.		