

1.) CORPORATION NAME:

PARENTS AND ASSOCIATES OF THE NORTHERN VIRGINIA TRAINING CENTER

DUE DATE: **5/31/2014**

SCC ID NO: **02421543**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**EDWARD W SENFT
9901 BRADDOCK ROAD
FAIRFAX, 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: 9901 BRADDOCK RD

CITY/ST/ZIP: FAIRFAX, VA 22032-1941

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: JANE ANTHONY TITLE: CO-PRES ADDRESS: 2055 WETHERSFIELD CT CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE WATERS TITLE: DIRECTOR ADDRESS: 9641 LEETA CORNUS LANE CITY/ST/ZIP/CO: NOKESVILLE, VA 20181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD SENFT TITLE: TREASURER ADDRESS: 19375 CYPRESS RIDGE TERR #610 CITY/ST/ZIP/CO: LANSLOWNE, VA 20176	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRACY SELF TITLE: DIRECTOR ADDRESS: 3063 N. OXFORD ST. CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANNE SALE TITLE: DIRECTOR ADDRESS: 9724 RITTER RD CITY/ST/ZIP/CO: NOKESVILLE, VA 20181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Judith Korf TITLE: Co-Pres ADDRESS: 2058 Royal Fern Ct #11C CITY/ST/ZIP/CO: Reston, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Maurine Houser TITLE: SECRETARY ADDRESS: 1591 Woodcrest Dr. CITY/ST/ZIP/CO: Reston, VA 20194	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: Melda Sauers TITLE: ASST SECRETARY ADDRESS: 10328 Sager Ave #408 CITY/ST/ZIP/CO: Fairfax, VA 22030	<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/ EDWARD SENFT	EDWARD SENFT, TREASURER	6/5/2014	
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.			