

1.) CORPORATION NAME:

POTOMAC HARMONY CHAPTER OF SWEET ADELINES, INC.

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

SCC ID NO: **02433548**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARY GLEASON
1539 PATRICK HENRY DR
ARLINGTON, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 7566

CITY/ST/ZIP: ARLINGTON, VA 22207

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:	MARY GLEASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1539 PATRICK HENRY DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		

NAME:	JANELL TUTTLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4000 TERRACE DR		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	HOLLEYANNE MCDANIEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 7632		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046		

NAME:	NATALIE ROONEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4817 N 2ND DRIVE		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	Terri Nettles	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5902 Mt. Eagle Dr. #709		
CITY/ST/ZIP/CO:	Alexandria, VA 22303		

NAME:	Diane Dougherty	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5806 Cove Landing Rd. #201		
CITY/ST/ZIP/CO:	Burke, VA 22015		

NAME: Marilyn Hayes TITLE: DIRECTOR ADDRESS: 20709 Parkside Circle CITY/ST/ZIP/CO: Potomac Falls, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Bridget Graham TITLE: DIRECTOR ADDRESS: 846 Boom Rd. CITY/ST/ZIP/CO: Berryville, VA 22611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jennifer Dees TITLE: DIRECTOR ADDRESS: 14118 Essex Dr. CITY/ST/ZIP/CO: Woodbridge, VA 22191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda Schwartz TITLE: DIRECTOR ADDRESS: 1729 Crestwood Dr. CITY/ST/ZIP/CO: Alexandria, VA 22302	<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/ JANELL TUTTLE	JANELL TUTTLE, PRESIDENT	4/23/2014
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.		