

1.) CORPORATION NAME:

**LOUDOUN CITIZENS FOR SOCIAL JUSTICE, INC.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DENNIS DRINKARD  
105 E. MARKET STREET  
LEESBURG, VA 20176**

SCC ID NO: **02546562**

5.) STOCK INFORMATION

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

**LOUDOUN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 105 EAST MARKET STREET

CITY/ST/ZIP: LEESBURG, VA 20176

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:	REGINALD M. JONES, JD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	232 W COLONIAL HIGHWAY		
CITY/ST/ZIP/CO:	HAMILTON, VA 20158-9041		
NAME:	DENNIS DRINKARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	12703 FOX WOODS DRIVE		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	STEPHANIE JOHNSON MONROE, JD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	43247 SOMERSET HILLS TER.		
CITY/ST/ZIP/CO:	ASHBURN, VA 20147		
NAME:	DEBORAH OWINGS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8 MEMORIAL HIGHWAY		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		
NAME:	WILLIAM BERRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	43422 CLOISTER PL		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		
NAME:	JAMES H ATTKISSON, JD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	222697 HILLSIDE CIRCLE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MERIDITH BOLADO DIRECTOR 113 COURIER CT. NE LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHELSEA ERIKSEN DIRECTOR 20864 DERRYDALE SQUARE STERLING, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH FISHER DIRECTOR 18526 PERDIDO BAY TERRACE LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICKY DEAN FRYE DIRECTOR 880 HARRISON STREET LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA JENNINGS DIRECTOR 21008 STARFLOWER WAY ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TINA JOHNSON DIRECTOR 307 WHITEHORSE COURT LEESBURG, VA 20175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA C LEHRER DIRECTOR 44479 LIVONIA TERRACE ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENDA MAC EOIN DIRECTOR 44426 LIVONIA TERRACE ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A McALEER DIRECTOR 46103 INGOMAR TERRACE APT. 403 STERLING, VA 20166	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RACHAEL REMUZZI DIRECTOR 216 MEADOW CT. NE LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN RUNSER DIRECTOR 47367 STERDLEY FALLS TERRACE STERLING, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	JOSETTE ZAHINDA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	528 COVINGTON TERRACE, NE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		

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/ DENNIS DRINKARD	DENNIS DRINKARD, CHAIRMAN	2/19/2013
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.