

1.) CORPORATION NAME:

WOODSTONE HOMEOWNERS ASSOCIATION

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REES BROOME, PC
1900 GALLOWS RD STE 700
TYSONS CORNER, VA**

SCC ID NO: **02729671**

5.) STOCK INFORMATION

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| 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: SENTRY MANAGEMENT INC
6395 LITTLE RIVER TURNPIKE

CITY/ST/ZIP: ALEXANDRIA, VA 22312

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.

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| NAME: | LAUREN MURPHY | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 6395 LITTLE RIVER TURNPIKE | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22312 | | |
| NAME: | NIGEL WILLIS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 6395 LITTLE RIVER TURNPIKE | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22312 | | |
| NAME: | JAY GOODWIN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 6802 BLUE SLATE COURT | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22306 | | |
| NAME: | HOLLY FRANZ | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 6395 LITTLE RIVER TURNPIKE | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22312 | | |
| NAME: | NELI COLEMAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 6395 LITTLE RIVER TURNPIKE | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22312 | | |
| NAME: | JULIUS JENG | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 6395 LITTLE RIVER TURNPIKE | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22312 | | |

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| NAME: MICHELLE ROBERTS TITLE: DIRECTOR ADDRESS: 6395 LITTLE RIVER TURNPIKE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ANNA RODRIGUEZ TITLE: DIRECTOR ADDRESS: 6395 LITTLE RIVER TURNPIKE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOSH ABBOTT TITLE: DIRECTOR ADDRESS: 6395 LITTLE RIVER TURNPIKE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312 | <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/ LAUREN MURPHY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | LAUREN MURPHY, PRESIDENT PRINTED NAME AND CORPORATE TITLE | 6/16/2014 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. | | |