

1.) CORPORATION NAME:

**Virginia Dressage Association, Northern Virginia Chapter,
VADA/Nova, INC.**

DUE DATE: **9/30/2013**

SCC ID NO: **02764249**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHELLE D KING
37820 ALLDER SCHOOL ROAD
PURCELLVILLE, VA**

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: P O BOX 398

CITY/ST/ZIP: HAMILTON, VA 20159

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:	ALISON HEAD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	38595 PURPLE MARTIN LANE		
CITY/ST/ZIP/CO:	HAMILTON, VA 20158		

NAME:	BARBARA PICKERING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 354		
CITY/ST/ZIP/CO:	HAYMARKET, VA 20168		

NAME:	CAROLYN JACKSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 523		
CITY/ST/ZIP/CO:	BERRYVILLE, VA 22611		

NAME:	DIANN LANDAU	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	13363 PICNIC WOODS RD		
CITY/ST/ZIP/CO:	LOVETTSVILLE, VA 20180		

NAME:	MICHELLE KING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	37820 ALLDER SCHOOL ROAD		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132		

NAME:	NANCY STOVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2440 SOUTHGATE SQUARE		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	REBECCA WOODWARD-DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	36654 PAXSON ROAD		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132		

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/ MICHELLE KING	MICHELLE KING, DIRECTOR	8/21/2013
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.