

1.) CORPORATION NAME:

WESTFIELDS BUSINESS OWNERS ASSOCIATION

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CARSON LEE FIFER JR
1750 TYSONS BLVD STE 1800
MCLEAN, VA 22102**

SCC ID NO: **02819639**

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: 9735 HIDDEN VALLEY RD

CITY/ST/ZIP: VIENNA, VA 22181

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: William H. Keech, Jr. TITLE: PRESIDENT ADDRESS: 9735 Hidden Valley Rd CITY/ST/ZIP/CO: Vienna, VA 22181	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: C. LEE FIFER TITLE: SECRETARY ADDRESS: 1750 TYSONS BLVD STE 1800 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Brian A Malone TITLE: VICE PRESIDENT ADDRESS: 14675 Lee Rd CITY/ST/ZIP/CO: Chantilly, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peter S. Scholz TITLE: TREASURER ADDRESS: 4900 Seminary Rd CITY/ST/ZIP/CO: Alexandria, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Derrick Bougner TITLE: DIRECTOR ADDRESS: 15000 Conference Center Dr. STE 400 CITY/ST/ZIP/CO: Chantilly, VA 20151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Brian J. Fitzgerald TITLE: DIRECTOR ADDRESS: 8111 Gatehouse Rd STE 110 CITY/ST/ZIP/CO: Falls Church, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Scott McClinton TITLE: DIRECTOR ADDRESS: 14750 Conference Center Dr. CITY/ST/ZIP/CO: Chantilly, VA 20151	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: David Gill TITLE: ASST SECRETARY ADDRESS: 1750 Tysons Blvd CITY/ST/ZIP/CO: STE 1800 Tysons, VA 22102-4215	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: William H. Keech, Jr TITLE: ASST TREASURER ADDRESS: 9735 Hidden Valley Rd CITY/ST/ZIP/CO: Vienna, VA 22181	<input checked="" type="checkbox"/> OFFICER <input 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/ William H. Keech, Jr.	William H. Keech, Jr., PRESIDENT	2/7/2013
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.		