

1.) CORPORATION NAME:

WESTFIELDS BUSINESS OWNERS ASSOCIATION

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: 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: 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
NAME: DAVID GILL TITLE: SECRETARY ADDRESS: 1750 TYSONS BLVD STE 1800 CITY/ST/ZIP/CO: TYSONS, VA 22102-4215	<input checked="" type="checkbox"/> OFFICER	<input 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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8111 GATEHOUSE RD		
CITY/ST/ZIP/CO:	STE 110 FALLS CHURCH, VA 22042		

NAME:	SCOTT MCCLINTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14750 CONFERENCE CENTER DR.		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		

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.

<u>/s/ WILLIAM H. KEECH, JR.</u>	<u>WILLIAM H. KEECH, JR.,</u>	<u>1/25/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.