

1.) CORPORATION NAME:

**PARCEL "M" SUDLEY MANOR HOMEOWNERS  
ASSOCIATION, INC.**

DUE DATE: **10/31/2011**

SCC ID NO: **02943884**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DANIEL B STREICH  
CHADWICK WASHINGTON ET AL  
9990 FAIRFAX BLVD STE 200**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**FAIRFAX, VA 22030-1720**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX CITY (FILED IN FAIRFAX COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O WRIGHT REALTY  
9009 SUDLEY RD

CITY/ST/ZIP: MANASSAS, VA 20110

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: DEBORA C KORICH TITLE: PRESIDENT ADDRESS: 10253 BROOKSTONE CT CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY GIANNASI TITLE: SECRETARY ADDRESS: 10262 BROOKSTONE CT CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VICTORIA BURKETT TITLE: DIRECTOR ADDRESS: 10252 BROOKSTONE CT CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL GUTTMAN TITLE: TREASURER ADDRESS: 7809 BROOKVIEW CT CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WADE MARTIN TITLE: VICE PRESIDENT ADDRESS: 10261 BROOKSTONE CT CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM CHEESEMAN TITLE: DIRECTOR ADDRESS: 10265 BROOKSTONE CT CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: HELEN O'NEILL TITLE: DIRECTOR ADDRESS: 10263 BROOKSTONE CT CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DIANA MOORE TITLE: ASST TREASURER ADDRESS: 7813 BROOKVIEW CT CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ DEBORA C KORICH	DEBORA C KORICH, PRESIDENT	7/2/2012
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.