

1.) CORPORATION NAME:

**NORTHERN VIRGINIA COUNTRY-WESTERN  
DANCEASSOCIATION, INC.**

DUE DATE: **10/31/2012**

SCC ID NO: **03104346**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KAREN H. JOHNSON  
10157 BESSMER LANE  
FAIRFAX, VA 22032**

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: PO BOX 384

CITY/ST/ZIP: MERRIFIELD, VA 22116-0384

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: ROBERT MARLIN TITLE: PRESIDENT ADDRESS: 7590 LINDBERG DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PATRICIA MCMURRAY TITLE: SECRETARY ADDRESS: 46622 DRYSDALE TER APT 103 CITY/ST/ZIP/CO: STERLING, VA 20165	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUSAN SCOTT TITLE: DIRECTOR ADDRESS: 12707 KNIGHTSBRIDGE DR CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE KINNETT TITLE: DIRECTOR ADDRESS: 12707 KNIGHTSBRIDGE DR CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN JOHNSON TITLE: TREASURER ADDRESS: 10157 BESSMER LN CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GARY CAMPBELL TITLE: VICE PRESIDENT ADDRESS: 21662 FRAME SQ CITY/ST/ZIP/CO: ASHBURN, VA 20148	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: KATHY FANELLI TITLE: DIRECTOR ADDRESS: 4948 ANDREA AVE CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC VONDRA TITLE: DIRECTOR ADDRESS: 104 CARDINAL GLEN CIR CITY/ST/ZIP/CO: STERLING, VA 20164	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KERIE HITT TITLE: DIRECTOR ADDRESS: 2079 COBBLESTONE LN CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANN MARLIN TITLE: DIRECTOR ADDRESS: 7590 LINDBERG DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306	<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/ KAREN JOHNSON	KAREN JOHNSON, TREASURER	10/10/2012
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.		