

1.) CORPORATION NAME: **NORTHERN VIRGINIA COUNTRY-WESTERN DANCEASSOCIATION, INC.** DUE DATE: **10/31/2013**  
 SCC ID NO: **03104346**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **WILLIAM WONG**  
**2424 FALLS PLACE CT**  
**FALLS CHURCH, VA** 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: RICHARD HUMBERT TITLE: PRESIDENT ADDRESS: 5465 N MORGAN ST #302 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312-3326	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: EILEEN SCOTT TITLE: VICE PRESIDENT ADDRESS: 166 NORMANDY HILL DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304-6320	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: WILLIAM WONG TITLE: TREASURER ADDRESS: 2424 FALLS PLACE CT CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-3009	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: IRSHAD ALI TITLE: SECRETARY ADDRESS: 16837 FOUR SEASONS DR CITY/ST/ZIP/CO: DUMFRIES, VA 22025-1838	<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: KERIE HITT TITLE: DIRECTOR ADDRESS: 2079 COBBLESTONE LANE CITY/ST/ZIP/CO: RESTON, VA 20191-4039	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

NAME: LUELLA MONTGOMERY TITLE: DIRECTOR ADDRESS: 5909 BROOKLAND RD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310-1810	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ERIC VONDRA TITLE: DIRECTOR ADDRESS: 104 CARDINAL GLEN CIRCLE CITY/ST/ZIP/CO: STERLING, VA 20164-5501	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAULA ALI TITLE: DIRECTOR ADDRESS: 16837 FOUR SEASONS DR CITY/ST/ZIP/CO: DUMFRIES, VA 22025-1838	<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/ WILLIAM WONG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM WONG, TREASURER PRINTED NAME AND CORPORATE TITLE	10/28/2013 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.		