

1.) CORPORATION NAME:

RESTON TOWN CENTER JOINT COMMITTEE

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA**

SCC ID NO: **03224789**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1760 RESTON PKWY SUITE 513

CITY/ST/ZIP: RESTON, VA 20190

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: DENISE HOGAN TITLE: PRESIDENT ADDRESS: 1760 RESTON PARKWAY SUITE 513 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT GOUDIE TITLE: VICE PRESIDENT ADDRESS: 1760 RESTON PARKWAY SUITE 513 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER HENRY TITLE: TREASURER ADDRESS: 1760 RESTON PARKWAY SUITE 513 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID EISENMAN TITLE: SECRETARY ADDRESS: 1760 RESTON PARKWAY SUITE 513 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAURA MCNULTY TITLE: DIRECTOR ADDRESS: 1760 RESTON PARKWAY SUITE 513 CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PETER OTTENI TITLE: DIRECTOR ADDRESS: 1760 RESTON PARKWAY SUITE 513 CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HEEREN PATEL TITLE: DIRECTOR ADDRESS: 1760 RESTON PARKWAY SUITE 513 CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANTHONY POZZUTO TITLE: DIRECTOR ADDRESS: 1760 RESTON PARKWAY SUITE 513 CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAY SIEDENSTRICKER TITLE: DIRECTOR ADDRESS: 1760 RESTON PARKWAY SUITE 513 CITY/ST/ZIP/CO: RESTON, VA 20191	<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/ DENISE HOGAN	DENISE HOGAN, PRESIDENT	6/16/2015
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.		