

1.) CORPORATION NAME:

**MAIN STREET CHILD DEVELOPMENT CENTER
INCORPORATED**

DUE DATE: **4/30/2014**

SCC ID NO: **03387438**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LINDA K O'DONOHUE
4401 SIDEBURN RD
FAIRFAX, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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: 4401 SIDEBURN ROAD

CITY/ST/ZIP: FAIRFAX, VA 22030

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:	LINDA O'DONOHUE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3805 HEMLOCK WAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	FERN HERNBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	418 YEONAS DRIVE SW		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		

NAME:	JULI CLIFFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4708 OLD DOMINION DRIVE		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		

NAME:	ELIZABETH EGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25 WILKES ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	Eric J Laychock	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	14151 Gabrielle Way		
CITY/ST/ZIP/CO:	Centreville, VA 20121		

NAME:	Linda Shilts	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5310 Lindsay Street		
CITY/ST/ZIP/CO:	Fairfax, VA 22032		

NAME: James Mansfield TITLE: DIRECTOR ADDRESS: 3602 Colony Road CITY/ST/ZIP/CO: Fairfax, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Allison Gilmore TITLE: DIRECTOR ADDRESS: 2411 N. Rockingham Street CITY/ST/ZIP/CO: Arlington, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ramona Manikarnika TITLE: DIRECTOR ADDRESS: 13017 Piney Glade Road CITY/ST/ZIP/CO: Herndon, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Martin TITLE: DIRECTOR ADDRESS: 11225 Robert Carter Road CITY/ST/ZIP/CO: Fairfax Station, VA 22039	<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/ ELIZABETH EGAN	ELIZABETH EGAN, DIRECTOR	4/30/2014
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.		