

1.) CORPORATION NAME:

**ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING, INC.**

DUE DATE: **9/30/2013**

SCC ID NO: **03471075**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM A FOGARTY  
WALSH COLUCCI STACKHOUSE ETL  
2200 CLARENDON BLVD 13TH FL**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ARLINGTON, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2704 N PERSHING DRIVE

CITY/ST/ZIP: ARLINGTON, VA 22201

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:	NINA JANOPAUL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	2704 N. PERSHING DR.		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	WILLIAM FOGARTY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2704 N PERSHING DRIVE		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	ERICA KATCHADOURIAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2704 N PERSHING DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	KELLY EICHHORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2704 N PERSHING DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	RITA BAMBERGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2704 N PERSHING DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	DAVID PERROW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2704 N PERSHING DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

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.

<u>/s/ KELLY EICHHORN</u>	<u>KELLY EICHHORN, ASST</u>	<u>9/30/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.