

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215540392

1.) CORPORATION NAME:

Federal Management Partners, Inc.

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ERIN M PITERA
1500 N BEAUREGARD ST
SUITE 103**

SCC ID NO: **03720042**

ALEXANDRIA, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	425,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1500 N BEAUREGARD ST STE 103

CITY/ST/ZIP: ALEXANDRIA, VA 22311

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:	ERIN M PITERA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/TREAS		
ADDRESS:	4400 OSSIAN HALL LN		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	CAROLYN O KUROWSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	2694 MATTOX CREEK DRIVE		
CITY/ST/ZIP/CO:	OAKTON, VA 22124		

NAME:	SHEREAN E MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/SECRETARY		
ADDRESS:	5227 11TH ROAD NORTH		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		

NAME:	NATHAN R BAILEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6625 DEER GAP COURT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME:	LIANA C GRASSI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4937 SUNSET LANE		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	JOHN C SALAMONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6066 ALEXANDER AVENUE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME: LISA B SPER TITLE: VICE PRESIDENT ADDRESS: 9323 CONVENTO TERRACE CITY/ST/ZIP/CO: FAIRFAX, VA 22031	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: C TIMOTHY BARNHART TITLE: CHAIRMAN ADDRESS: 976 FIERY RUN RD CITY/ST/ZIP/CO: LINDEN, VA 22642	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WALTER GLENN SUTTON II TITLE: DIRECTOR ADDRESS: 6603 FORSYTHIA ST CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150	<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/ SHEREAN E MILLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHEREAN E MILLER, SR VP/SECRETARY PRINTED NAME AND CORPORATE TITLE	11/2/2015 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.		