

1.) CORPORATION NAME:

NEW DOMINION CHORALE, INC.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOSEPH A CONDO
8444 WESTPARK DR STE 500
MCLEAN, VA**

SCC ID NO: **03771268**

5.) STOCK INFORMATION

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| 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 6691

CITY/ST/ZIP: MCLEAN, VA 22106-6691

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.

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|-----------------|-------------------|----------------------------------|--|
| NAME: | CLAUDIA ANDREWS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 12620 VARNY PL | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22033 | | |

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|-----------------|------------------------|----------------------------------|--|
| NAME: | STEPHEN CLAPP | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 11705-K KARBON HILL CT | | |
| CITY/ST/ZIP/CO: | RESTON, VA 20191 | | |

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|-----------------|---------------------------------|----------------------------------|--|
| NAME: | GAIL DAVENPORT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1811 N NASH ST | | |
| CITY/ST/ZIP/CO: | APT 1602 ARLINGTON, VA 22209 | | |

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|-----------------|-------------------|----------------------------------|--|
| NAME: | JUDITH DI PIETRO | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1324 ROUND OAK CT | | |
| CITY/ST/ZIP/CO: | MCLEAN, VA 22101 | | |

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|-----------------|--------------------|---|--|
| NAME: | ED MCMAHON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 8719 BURDETTE ROAD | | |
| CITY/ST/ZIP/CO: | BETHESDA, MD 20817 | | |

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|-----------------|-------------------|----------------------------------|--|
| NAME: | MARY DOLSON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 315 JOHNSON ST SW | | |
| CITY/ST/ZIP/CO: | VIENNA, VA 22180 | | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | LETHA DREYFUS DIRECTOR 3001 S HILL ST ARLINGTON, VA 22202 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JAN FAIRBANK DIRECTOR 5170 FULTON ST NW WASHINGTON, DC 20016 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARTIN FETHERSTON PRESIDENT 611 LANGSTON LA FALLS CHURCH, VA 22046 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | EMBRY HOWELL DIRECTOR 2923 MACOMB ST NW WASHINGTON, DC 20008 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MERI COLE HENSHAW PRESIDENT 5964 MANORWOOD DR CENTREVILLE, VA 20120 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | YOLANDA RILEY DIRECTOR 5110 SHAMROCKS DELIGHT DR BOWIE, MD 20720 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | KAREN RINGSTRAND PRESIDENT 7550 POTOMAC FALL RD MCLEAN, VA 22102 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DANIEL SULLIVAN DIRECTOR 5903 MT EAGLE DR APT. 1604 ALEXANDRIA, VA 22303 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | GARY WAXMONSKY DIRECTOR 7902 BIRNAM WOOD DR MCLEAN, VA 22102 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | LOUANNE WHEELER DIRECTOR 3217 HALLRAN RD FALLS CHURCH, VA 22041 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | THOMAS BEVERIDGE DIRECTOR 2880 ARIZONA TERR NW WASHINGTON, DC 20016 | <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.

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| /s/ ED MCMAHON | ED MCMAHON, PRESIDENT | 6/3/2013 |
| 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. | | |