

1.) CORPORATION NAME:

NEW DOMINION CHORALE, INC.

DUE DATE: **6/30/2014**

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

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.

NAME: MARTIN FETHERSTON TITLE: TREASURER ADDRESS: 611 LANGSTON LA CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ED MCMAHON TITLE: DIRECTOR ADDRESS: 8719 BURDETTE ROAD CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLAUDIA ANDREWS TITLE: VICE PRESIDENT ADDRESS: 12620 VARNY PL CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS BEVERIDGE TITLE: DIRECTOR ADDRESS: 2880 ARIZONA TERR NW CITY/ST/ZIP/CO: WASHINGTON, DC 20016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDITH DI PIETRO TITLE: DIRECTOR ADDRESS: 1324 ROUND OAK CT CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY DOLSON TITLE: SECRETARY ADDRESS: 315 JOHNSON ST SW CITY/ST/ZIP/CO: VIENNA, VA 22180	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LETHA DREYFUS PRESIDENT 3001 S HILL ST ARLINGTON, VA 22202	<input checked="" 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:	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:	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:	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:	ALBERT BEST DIRECTOR 5513 Queensberry Avenue Springfield, VA 22151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN McDONALD DIRECTOR 8307 Five Gates Road Annandale, VA 22003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EMILY ROUDEBUSH DIRECTOR 8217 Woodland Avenue Annandale, VA 22003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ART SIEBENS DIRECTOR 3900 Connecticut Avenue, NW #101F Washington, DC 20008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET VOLPE DIRECTOR 314 West Columbia Street Falls Church, VA 22046	<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/ LETHA DREYFUS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LETHA DREYFUS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/30/2014 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.			