

1.) CORPORATION NAME:

**NATIONAL ENERGY EDUCATION DEVELOPMENT
PROJECT**

DUE DATE: **11/30/2013**

SCC ID NO: **03840501**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARY E SPRUILL
8408 KAO CIR
MANASSAS, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8408 KAO CIRCLE

CITY/ST/ZIP: MANASSAS, VA 20110

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:	RANDALL LUTHI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P.O. BOX 10101		
CITY/ST/ZIP/CO:	MANASSAS, VA 20108		

NAME:	DIANE LEAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 10101		
CITY/ST/ZIP/CO:	Manassas, VA 20108		

NAME:	KRISTY MONK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O. BOX 10101		
CITY/ST/ZIP/CO:	MANASSAS, VA 20108		

NAME:	WENDY WIEDENBECK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	P.O. BOX 10101		
CITY/ST/ZIP/CO:	MANASSAS, VA 20108		

NAME:	MARY E SPRUILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX D		
ADDRESS:	8408 KAO CIRCLE		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		

NAME:	GUY CARUSO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 10101		
CITY/ST/ZIP/CO:	MANASSAS, VA 20108		

NAME: KRISTI DESJARLAIS TITLE: DIRECTOR ADDRESS: P.O. BOX 10101 CITY/ST/ZIP/CO: MANASSAS, VA 20108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARGARET DOWNY TITLE: VICE CHAIRMAN ADDRESS: 3145 MAIN STREET CITY/ST/ZIP/CO: BARNSTABLE, MA 02630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LINDA LUNG TITLE: DIRECTOR ADDRESS: P.O. BOX 10101 CITY/ST/ZIP/CO: MANASSAS, VA 20108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATE MARKS TITLE: DIRECTOR ADDRESS: P.O. BOX 10101 CITY/ST/ZIP/CO: MANASSAS, VA 20108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL PERNA TITLE: DIRECTOR ADDRESS: P.O. BOX 10101 CITY/ST/ZIP/CO: MANASSAS, VA 20108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY RUSSELL TITLE: DIRECTOR ADDRESS: P.O. BOX 10101 CITY/ST/ZIP/CO: MANASSAS, VA 20108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Al Ryan TITLE: DIRECTOR ADDRESS: P.O. Box 10101 CITY/ST/ZIP/CO: Manassas, VA 20108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Wayne Yonkelowitz TITLE: DIRECTOR ADDRESS: P.O. Box 10101 CITY/ST/ZIP/CO: Manassas, VA 20108	<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/ MARY E SPRUILL	MARY E SPRUILL, EX D	12/17/2013
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.