

1.) CORPORATION NAME:

THE MCLEAN COMMUNITY PLAYERS, INCORPORATED

DUE DATE: **11/30/2011**

SCC ID NO: **04004511**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
MICHAEL SCOTT
1407 GRADY RANDALL CT
MCLEAN, VA 22101**

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 160

CITY/ST/ZIP: MCLEAN, VA 22101-

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: BILL GLIKBARG
TITLE: VICE PRESIDENT
ADDRESS: 9113 WHITE CHIMNEY LANE
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER

DIRECTOR

NAME: DOUGLAS F YRIART
TITLE: VICE PRESIDENT
ADDRESS: 1350 BEVERLY ROAD
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER

DIRECTOR

NAME: EMILY BESUDEN
TITLE: DIRECTOR
ADDRESS: 11805 BRETON CT #21
CITY/ST/ZIP/CO: RESTON, VA 20191-

OFFICER

DIRECTOR

NAME: JERRY BONNES
TITLE: DIRECTOR
ADDRESS: 2104 OWLS COVE LANE
CITY/ST/ZIP/CO: RESTON, VA 20191-

OFFICER

DIRECTOR

NAME: MICHAEL SCOTT
TITLE: CHAIRMAN
ADDRESS: 1407 GRADY RANDALL COURT
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE FARNSWORTH TREASURER 2408 SUGARBERRY COURT RESTON, VA 20191-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YERRY YATES PRESIDENT 9540 LOCUST HILL DR. GREAT FALLS, VA 22066-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BUNNY BONNES DIRECTOR 2104 OWLS COVE LANE RESTON, VA 20191-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLUMBA BRUMBY DIRECTOR 8380 GREENSBORO DR. MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUMMER DONALDSON DIRECTOR 2019 HILLSIDE DR. FALLS CHURCH, VA 22043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY FARNSWORTH DIRECTOR 2408 SUGARBERRY CT. RESTON, VA 20191-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAYNE GARDNER DIRECTOR 4343 LEE HIGHWAY ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENT STONE SECRETARY 1619 N. ALBEMARLE ST. MCLEAN, VA 22101-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TULA PENDERGRAST DIRECTOR 6929 CHURCHILL RD. MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA STONE DIRECTOR 1619 ALBEMARLE ST. MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BOB ZEIGLER TITLE: VICE PRESIDENT ADDRESS: 8577 RAGLAND RD. CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JENNIFER LEVY TITLE: VICE PRESIDENT ADDRESS: 7723 CROSSOVER DR. CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRIS HARDY TITLE: DIRECTOR ADDRESS: 6606 WILLIAMSBURG BL;VD CITY/ST/ZIP/CO: ARLINGTON, VA 22210-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANNIE O'NEILL TITLE: DIRECTOR ADDRESS: 6808 DUKE DR. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PATTI GREEN ROTH TITLE: DIRECTOR ADDRESS: 6317 N. KENSINGTON RD CITY/ST/ZIP/CO: MCLEAN, VA 22101-	<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/ MICHAEL SCOTT _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL SCOTT, CHAIRMAN _____ PRINTED NAME AND CORPORATE TITLE	9/20/2011 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.		