

1.) CORPORATION NAME:

THE MCLEAN COMMUNITY PLAYERS, INCORPORATED

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALEX BHARGAVA
8500 LEESBURG PIKE, 411
VIENNA, VA 22182**

SCC ID NO: **04004511**

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: P.O. 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:	TERRY YATES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9540 LOCUST HILL DR.		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		
NAME:	BILL GLIKBARG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9113 WHITE CHIMNEY LA.		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		
NAME:	JENNIFER LEVY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	7723 CROSSOVER DR.		
CITY/ST/ZIP/CO:	McLEAN, VA 22102		
NAME:	DOUGLAS YRIART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1350 BEVERLY RD.		
CITY/ST/ZIP/CO:	McLEAN, VA 22101		
NAME:	BOB ZEIGLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8577 RAGLAND RD.		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	BRENT STONE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1619 N. ALBEMARLE ST.		
CITY/ST/ZIP/CO:	McLEAN, VA 22101		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE FARNSWORTH VICE PRESIDENT 2408 SUGARBERRY CT. RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY BONNES DIRECTOR 2104 OWLS COVE LA. RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BUNNY BONNES DIRECTOR 2104 OWLS COVE LA. 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 ASST SECRETARY 2408 SUGARBERRY CT. RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAYNE GARDNER DIRECTOR 4343 LEE HWY. ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS HARDY VICE PRESIDENT 6606 WILLIAMSBURG BLVD. ARLINGTON, VA 22210	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNIE O'NEILL SECRETARY 6808 DUKE DR. ALEXANDRIA, VA 22307	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TULA PENDERGRAST VICE PRESIDENT 6929 CHURCHILL RD. McLEAN, VA 22101	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATTI GREEN ROTH DIRECTOR 6317 N. KENSINGTON 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEX BHARGAVA TREASURER 20694 SETTLERS POINT PL. POTOMAC FALLS, VA 20165	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN MATICH DIRECTOR 1923 RHODE ISLAND AVE. McLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNN LAWHEAD DIRECTOR 9508 MANDOLIN CT. VIENNA, VA 22182	<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/ ALEX BHARGAVA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALEX BHARGAVA, TREASURER PRINTED NAME AND CORPORATE TITLE	10/3/2012 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.			