

1.) CORPORATION NAME:

**THE MCLEAN COMMUNITY PLAYERS, INCORPORATED**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: 8500 LEESBURG PIKE, 411

CITY/ST/ZIP: VIENNA, VA 22182

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BILL GLIKBARG	
TITLE:	CHAIRMAN	
ADDRESS:	9113 WHITE CHIMNEY LA.	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TERRY YATES	
TITLE:	PRESIDENT	
ADDRESS:	9540 LOCUST HILL DR.	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	COLUMBA BRUMBY	
TITLE:	FIRST V.P.	
ADDRESS:	8380 GREENSBORO DR. #219	
CITY/ST/ZIP/CO:	McLEAN, VA 22102	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JERRY BONNES	
TITLE:	VICE PRESIDENT	
ADDRESS:	2104 OWLS COVE LA.	
CITY/ST/ZIP/CO:	RESTON, VA 20191	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANNIE GALVIN	
TITLE:	VICE PRESIDENT	
ADDRESS:	6808 DUKE DR.	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22307	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE FARNSWORTH	
TITLE:	VICE PRESIDENT	
ADDRESS:	2408 SUGARBERRY CT.	
CITY/ST/ZIP/CO:	RESTON, VA 20191	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATTI GREEN ROTH VICE PRESIDENT 6317 N. KENSINGTON ST. McLEAN, VA 22101	<input checked="" 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:	LINDA 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:	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:	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:	LYNN LAWHEAD DIRECTOR 9508 MANDOLIN CT. VIENNA, VA 22182	<input 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:	DOUG YRIART DIRECTOR 1350 BEVERLY RD. McLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB ZEIGLER DIRECTOR 8577 RAGLAND RD. VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL BYRNES DIRECTOR 7921 OLD FALLS RD. McLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA DAILEY DIRECTOR 1168 ORLO DR. McLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CATHY FARNSWORTH TITLE: DIRECTOR ADDRESS: 2408 SUGARBERRY CT. CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JERRY GIDEON TITLE: DIRECTOR ADDRESS: 820 S. GLEBE RD. CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JENNIFER LEVY TITLE: DIRECTOR ADDRESS: 7723 CROSSOVER DR. CITY/ST/ZIP/CO: McLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TULA PENDERGRAST TITLE: DIRECTOR ADDRESS: 6929 CHURCHILL RD. CITY/ST/ZIP/CO: McLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DIANE SAMS TITLE: DIRECTOR ADDRESS: 2151 JAMISON AVE. #1404 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ADRIAN STEEL TITLE: DIRECTOR ADDRESS: 7720 TIMON DR. CITY/ST/ZIP/CO: McLEAN, VA 22102	<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	11/18/2013 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.		