

1.) CORPORATION NAME:

THE MCLEAN COMMUNITY PLAYERS, INCORPORATED

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALEX BHARGAVA
20694 SETTLERS POINT PLACE
POTOMAC FALLS, VA**

SCC ID NO: **04004511**

5.) STOCK INFORMATION

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

LOUDOUN 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:	PRESIDENT		
ADDRESS:	9540 LOCUST HILL DR.		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		
NAME:	JERRY BONNES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2104 OWLS COVE LA.		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	COLUMBA BRUMBY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8380 GREENSBORO DR. #219		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	GEORGE FARNSWORTH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2408 SUGARBERRY CT.		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	ANNIE GALVIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6808 DUKE DR.		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22307		
NAME:	PATTI GREEN ROTH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6317 N. KENSINGTON ST.		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		

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:	BILL GLIKBARG CHAIRMAN 9113 WHITE CHIMNEY LA. GREAT FALLS, VA 22066	<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:	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: 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 HWY. ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY GIDEON DIRECTOR 820 S. GLEBE RD. ARLINGTON, VA 22204	<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:	JENNIFER LEVY DIRECTOR 7723 CROSSOVER DR. MCLEAN, VA 22102	<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:	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:	DIANE SAMS DIRECTOR 2151 JAMISON AVE. #1404 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADRIAN STEEL DIRECTOR 7720 TIMON DR. MCLEAN, VA 22102	<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
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	10/23/2014 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.			