

1.) CORPORATION NAME: LOUDOUN VOLUNTEER FINANCIAL COUNCIL, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARY GAYLE HOLDEN 109 NORTH BAILEY LANE SUITE 201 PURCELLVILLE, VA	DUE DATE: 2/28/2014 SCC ID NO: 04232088 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: LOUDOUN VOLUNTEER FINANCIAL COUNCIL 30 B CATOCTIN CIRCLE SE CITY/ST/ZIP: LEESBURG, VA 20175

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.
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NAME: PRISCILLA GODFREY TITLE: PRESIDENT ADDRESS: PO BOX 252 CITY/ST/ZIP/CO: PHILOMONT, VA 20131	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JEFFREY BYAS TITLE: VICE PRESIDENT ADDRESS: 47364 MIDDLE BLUFF PL CITY/ST/ZIP/CO: POTOMAC FALLS, VA 20165	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LEWIS GELOBTER TITLE: TREASURER ADDRESS: 6066 LEESBURG PIKE #500 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041	<input checked="" 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/ PRISCILLA GODFREY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRISCILLA GODFREY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/20/2014 DATE
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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.