

1.) CORPORATION NAME:

**RESTON INTERFAITH HOUSING CORPORATION**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ERIC A WELTER  
1141 ELDEN STREET  
SUITE 220**

SCC ID NO: **04254017**

**HERNDON, VA 20170**

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: 11150 SUNSET HILLS ROAD  
SUITE 210

CITY/ST/ZIP: RESTON, VA 20190

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:	Esther Johnson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1333 GRANT ST		
CITY/ST/ZIP/CO:	Herndon, VA 20170		

NAME:	MICHAEL SCHEURER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11665 MEDITERAANEAN CT		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	TAMMY SHORT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1181 DUBLIN PLACE		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		

NAME:	KERRIE WILSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Recording Secy		
ADDRESS:	11150 SUNSET HILLS RD #210		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	Jill Norcross	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11956 Grey Squirrel Lane		
CITY/ST/ZIP/CO:	Reston, VA 20194		

NAME:	William H Lauer	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11450 Baron Cameron Drive		
CITY/ST/ZIP/CO:	Reston, VA 20190		

NAME: Daryl Hall TITLE: DIRECTOR ADDRESS: 11300 Spyglass Cove Lane CITY/ST/ZIP/CO: Reston, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Elyssa Harley TITLE: DIRECTOR ADDRESS: 615 Clearwater Court CITY/ST/ZIP/CO: Herndon, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Anthony Blaine TITLE: DIRECTOR ADDRESS: 615 Clearwater Court CITY/ST/ZIP/CO: Herndon, VA 20170	<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/ KERRIE WILSON	KERRIE WILSON, Recording Secy	10/14/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		