

1.) CORPORATION NAME:

RESTON INTERFAITH HOUSING CORPORATION

DUE DATE: **4/30/2013**

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:	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:	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:	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:	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:	ANTHONY BLAINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	615 CLEARWATER COURT		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		

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: ESTHER JOHNSON TITLE: DIRECTOR ADDRESS: 1333 GRANT ST 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KERRIE WILSON, RECORDING SECY PRINTED NAME AND CORPORATE TITLE	3/3/2013 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.		