

1.) CORPORATION NAME:

**Cornerstones Housing Corporation**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **04254017**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

**HERNDON, VA**

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 MEDITERRANEAN 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 AVE |   |  |
| CITY/ST/ZIP/CO: | RESTON, VA 20190        |   |  |

|                 |                           |   |  |
|-----------------|---------------------------|---|--|
| NAME:           | TAMMY SHORT               | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                 |   |  |
| ADDRESS:        | 11699 NORTH POINT CT #103 |   |  |
| CITY/ST/ZIP/CO: | RESTON, VA 20194          |   |  |

|                 |                            |   |  |
|-----------------|----------------------------|---|--|
| 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:           | DARYL HALL               | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER                |   |  |
| ADDRESS:        | 11300 SPYGLASS COVE LANE |   |  |
| CITY/ST/ZIP/CO: | RESTON, VA 20191         |   |  |

|                 |                   |                                  |  |
|-----------------|-------------------|----------------------------------|--|
| 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: KARYN SANDELMAN<br>TITLE: DIRECTOR<br>ADDRESS: 11046 THRUSH RIDGE ROAD<br>CITY/ST/ZIP/CO: RESTON, VA 20191   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |                   |
| NAME: CHERYL SIMPKINS<br>TITLE: DIRECTOR<br>ADDRESS: 2038 CAPSTONE CIRCLE<br>CITY/ST/ZIP/CO: HERNDON, VA 20170   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |                   |
| NAME: JEANINE GRAVETTE<br>TITLE: DIRECTOR<br>ADDRESS: 46835 TRUMPET CIRCLE<br>CITY/ST/ZIP/CO: STERLING, VA 20164   | <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<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | KERRIE WILSON, RECORDING<br>SECY<br>PRINTED NAME AND CORPORATE TITLE          | 3/20/2014<br>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. |   |                   |