

1.) CORPORATION NAME:

**UNITED STATES BORDER COLLIE CLUB, INC.**

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**CHRISTINE KRITHADES  
7508 PARK TERRACE DR  
ALEXANDRIA, VA 22307**

SCC ID NO: **04369666**

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: P O BOX 41

CITY/ST/ZIP: SHADY SIDE, MD 20764-

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: EILEEN STEIN  
TITLE: PRESIDENT  
ADDRESS: PO BOX 41  
CITY/ST/ZIP/CO: SHADY SIDE, MD 20764-

OFFICER

DIRECTOR

NAME: BROOKS PARROTT  
TITLE: VICE PRESIDENT  
ADDRESS: 89 GEMMER RD  
CITY/ST/ZIP/CO: WANTAGE, NJ 07461-

OFFICER

DIRECTOR

NAME: KAY PINE  
TITLE: SECRETARY  
ADDRESS: 14401 POPLAR HILL RD  
CITY/ST/ZIP/CO: GERMANTOWN, MD 20874-

OFFICER

DIRECTOR

NAME: LAURA CARSON  
TITLE: TREASURER  
ADDRESS: 1712 HERTFORD ST  
CITY/ST/ZIP/CO: GREENSBORO, NC 27403-

OFFICER

DIRECTOR

NAME: GAIL DAPOGNY  
TITLE: DIRECTOR  
ADDRESS: 1154 OLDEN ROAD  
CITY/ST/ZIP/CO: ANN ARBOR, MI 48103-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL FOSHER DIRECTOR 97 OLD COUNTY RD WESTMORELAND, NH 03467-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVIDA HALL DIRECTOR 12813 MAPLE STREET SILVER SPRING, MD 20904-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SALLY MOLLOY DIRECTOR 80 SYCAMORE LANE SKILLMAN, NJ 08558-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HEATHER NADELMAN DIRECTOR 1764 MILLSTONE RIVER ROAD HILLSBOROUGH, NJ 08844-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REBECCA SHOUSE DIRECTOR 1855 CUNNINGHAM ROAD SEMORA, NC 27343-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAY STEPHENS DIRECTOR 3788 COUNTY ROAD 446 NAVASOTA, TX 77868-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ LAURA CARSON	LAURA CARSON, TREASURER	11/23/2011
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.