

1.) CORPORATION NAME:

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

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EILEEN STEIN	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 41	
CITY/ST/ZIP/CO:	SHADY SIDE, MD 20764	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BROOKS PARROTT	
TITLE:	VICE PRESIDENT	
ADDRESS:	89 GEMMER RD	
CITY/ST/ZIP/CO:	WANTAGE, NJ 07461	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LAURA CARSON	
TITLE:	TREASURER	
ADDRESS:	1712 HERTFORD ST	
CITY/ST/ZIP/CO:	GREENSBORO, NC 27403	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KAY PINE	
TITLE:	SECRETARY	
ADDRESS:	14401 POPLAR HILL RD	
CITY/ST/ZIP/CO:	GERMANTOWN, MD 20874	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GAIL DAPOGNY	
TITLE:	DIRECTOR	
ADDRESS:	1154 OLDEN ROAD	
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48103	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BILL FOSHER	
TITLE:	DIRECTOR	
ADDRESS:	97 OLD COUNTY RD	
CITY/ST/ZIP/CO:	WESTMORELAND, NH 03467	

NAME: DAVIDA HALL TITLE: DIRECTOR ADDRESS: 12813 MAPLE STREET CITY/ST/ZIP/CO: SILVER SPRING, MD 20904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SALLY MOLLOY TITLE: DIRECTOR ADDRESS: 80 SYCAMORE LANE CITY/ST/ZIP/CO: SKILLMAN, NJ 08558	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HEATHER NADELMAN TITLE: DIRECTOR ADDRESS: 1764 MILLSTONE RIVER ROAD CITY/ST/ZIP/CO: HILLSBOROUGH, NJ 08844	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REBECCA SHOUSE TITLE: DIRECTOR ADDRESS: 1199 HOLLOW LANE CITY/ST/ZIP/CO: PINNACLE, NC 27043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAY STEPHENS TITLE: DIRECTOR ADDRESS: 3788 COUNTY ROAD 446 CITY/ST/ZIP/CO: NAVASOTA, TX 77868	<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/ LAURA CARSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAURA CARSON, TREASURER PRINTED NAME AND CORPORATE TITLE	11/26/2014 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.		