

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213535392

1.) CORPORATION NAME:

**Fisher House Development Corporation**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM A FOGARTY  
WALSH COLUCCI STACKHOUSE ETL  
2200 CLARENDON BLVD 13TH FL**

SCC ID NO: **04508834**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**ARLINGTON, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2704 NORTH PERSHING DRIVE

CITY/ST/ZIP: ARLINGTON, VA 22201

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:	NINA JANOPAUL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2704 N. PERSHING DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	WILLIAM FOGARTY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2704 N PERSHING DRIVE		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	ERIKA KHATCHADOURIAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2704 N PERSHING DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	KELLY EICHHORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2704 N PERSHING DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	RITA BAMBERGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2704 N PERSHING DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	DAVID PERROW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2704 N PERSHING DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD ANDERSON SECRETARY 2704 N PERSHING DR ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ROZEN VICE CHAIRMAN 2704 N PERSHING DR ARLINGTON, VA 22201	<input checked="" 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/ KELLY EICHHORN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KELLY EICHHORN, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	7/30/2013 DATE
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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.