

1.) CORPORATION NAME:

HHS Drama Boosters Club, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARK HROZENCIK
12523 DARDENELLE COURT
HERNDON, VA 20170**

SCC ID NO: **04535845**

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: PO Box 1091

CITY/ST/ZIP: HERNDON, VA 20172-1091

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:	Mark Hrozencik	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12523 Dardenelle Ct		
CITY/ST/ZIP/CO:	Herndon, VA 20170		
NAME:	Lynn Gabriel	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP-PRODUCTION		
ADDRESS:	1437 Flynn Court		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	Chris Overton	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12002 Rosiers Branch Drive		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	Debbie Millon	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11874 Fawn Ridge Lane		
CITY/ST/ZIP/CO:	Reston, VA 20194		
NAME:	Diane Overton	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP-Hospitality		
ADDRESS:	12002 Rosiers Branch Drive		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	Karen Harrison	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1555 Trails Edge Lane		
CITY/ST/ZIP/CO:	Reston, VA 20194		

NAME: Kim Kelly TITLE: DIRECTOR ADDRESS: 11758 Bayfield Ct CITY/ST/ZIP/CO: Reston, VA 20194	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Amir Raoufi TITLE: DIRECTOR ADDRESS: 1518 Hiddenbrook Drive CITY/ST/ZIP/CO: Herndon, VA 20170	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Rosetta Raoufi TITLE: DIRECTOR ADDRESS: 1518 Hiddenbrook Drive 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/ Karen Harrison	Karen Harrison, DIRECTOR	9/29/2012		
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.				