

1.) CORPORATION NAME: <b>CROSSFIELDS HOMEOWNERS ASSOCIATION, INC.</b>	DUE DATE: <b>11/30/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ALFRED COSTANTINE 2808 CROSSFIELDS WAY HERNDON, VA</b>	SCC ID NO: <b>04563300</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2808 CROSSFIELDS WAY

CITY/ST/ZIP: HERNDON, VA 20171

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: STEVE HOLSTEN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 12365 CLARETH DR				
CITY/ST/ZIP/CO: OAK HILL, VA 20171				

NAME: DON MCLEAN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 2813 CROSSFIELDS WAY				
CITY/ST/ZIP/CO: HERNDON, VA 20171				

NAME: AL COSTANTINE	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 2808 CROSSFIELDS WAY				
CITY/ST/ZIP/CO: HERNDON, VA 20171				

NAME: DOUG LAMONT	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 2809 CROSSFIELDS WAY				
CITY/ST/ZIP/CO: HERNDON, VA 20171				

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/ AL COSTANTINE	AL COSTANTINE, TREASURER	10/26/2014
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.