

|  |  |
|--|--|
| 1.) CORPORATION NAME:<br><b>DRYMILL HOMEOWNERS ASSOCIATION</b>   | DUE DATE: <b>4/30/2014</b>                                 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>LUCIA ANNA TRIGIANI<br/>MERCER TRIGIANI<br/>112 SOUTH ALFRED STREET<br/><br/>ALEXANDRIA, VA</b> | SCC ID NO: <b>04642336</b>                                 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>ALEXANDRIA CITY</b>  | 5.) STOCK INFORMATION                                      |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  | CLASS <input type="text"/> AUTHORIZED <input type="text"/> |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 365 HERNDON PKWY  
STE 106

CITY/ST/ZIP: HERNDON, VA 20170

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: ANNA E MCAULAY                | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT                    |                                     |         |                                     |          |
| ADDRESS: 225 TOWN BRANCH TERRACE SW |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: LEESBURG, VA 20175  |                                     |         |                                     |          |

|                                     |                                     |         |                                     |          |
|-------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: DAVID MACKLIN                 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT               |                                     |         |                                     |          |
| ADDRESS: 245 TOWN BRANCH TERRACE SW |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: LEESBURG, VA 20175  |                                     |         |                                     |          |

|                                    |                                     |         |                                     |          |
|------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: JAMES NITAS                  | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY                   |                                     |         |                                     |          |
| ADDRESS: 115 MEHERRIN TERRACE SW   |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: LEESBURG, VA 20175 |                                     |         |                                     |          |

|                                    |                          |         |                                     |          |
|------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: David J. Kilcy               | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: Treasurer                   |                          |         |                                     |          |
| ADDRESS: 119 Maxmillian Court, SW  |                          |         |                                     |          |
| CITY/ST/ZIP/CO: Leesburg, VA 20175 |                          |         |                                     |          |

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/ ANNA E MCAULAY                                  | ANNA E MCAULAY, PRESIDENT        | 5/7/2014 |
| 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.