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| 1.) CORPORATION NAME: COMMUNITY MINISTRY OF NORTHERN VIRGINIA | DUE DATE: 6/30/2012 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JIM BRUCE 900 LYNTON PL MCLEAN, VA 22102 | SCC ID NO: 04680872 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7011 CALAMO STREET SUITE 102

CITY/ST/ZIP: SPRINGFIELD, VA 22150-3510

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.

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|-----------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: GENE PETIT | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 4901 ASQUIT COURT | | | | |
| CITY/ST/ZIP/CO: FAIRFAX, VA 22032 | | | | |

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|----------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: ALLEN JENSEN | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: 9709 RHAPSODY DRIVE | | | | |
| CITY/ST/ZIP/CO: VIENNA, VA 22181 | | | | |

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|------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: EDWARD OLSON | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: CHAIRMAN | | | | |
| ADDRESS: 8938 BRADMOOR DR | | | | |
| CITY/ST/ZIP/CO: BETHESDA, MD 20817 | | | | |

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|--|--------------------------|---------|-------------------------------------|----------|
| NAME: VIRGIL BODEEN | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 3439 SKYVIEW TERRACE | | | | |
| CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042 | | | | |

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|----------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: JAMES T. BRUCE | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 900 LYNTON PLACE | | | | |
| CITY/ST/ZIP/CO: MCLEAN, VA 22102 | | | | |

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.

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| /s/ JAMES T. BRUCE | JAMES T. BRUCE, DIRECTOR | 9/26/2012 |
| 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.