

1.) CORPORATION NAME:

BOWEN MCCAULEY DANCE, INC.

DUE DATE: **8/31/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

JOHN F MCCAULEY

**2016 NORTH WOODSTOCK STREET
ARLINGTON, VA 22207**

SCC ID NO: **04709234**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2016 N WOODSTOCK ST

CITY/ST/ZIP: ARLINGTON, VA 22207-2414

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: MARY HYNES
TITLE: TREASURER
ADDRESS: 1503 N. HIGHLAND ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22201-

OFFICER

DIRECTOR

NAME: KAREN VASQUEZ
TITLE: CHAIR
ADDRESS: 5318 NORTH 8TH ROAD
CITY/ST/ZIP/CO: ARLINGTON, VA 22205-

OFFICER

DIRECTOR

NAME: JOHN BENTON
TITLE: VICE CHAIRMAN
ADDRESS: 1924 N. ODE ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22209-

OFFICER

DIRECTOR

NAME: LESLIE SHAMPAIN
TITLE: DIRECTOR
ADDRESS: 5114 WESTRIDGE ROAD
CITY/ST/ZIP/CO: BETHESDA, MD 20816-

OFFICER

DIRECTOR

NAME: CAROLYN MCCORNAC
TITLE: SECRETARY
ADDRESS: 2701 S 16TH ST
#638
CITY/ST/ZIP/CO: ARLINGTON, VA 22204-

OFFICER

DIRECTOR

NAME: WILLIAM BRAKEFIELD TITLE: DIRECTOR ADDRESS: 2616 N NELSON ST CITY/ST/ZIP/CO: ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES EGENRIEDER TITLE: DIRECTOR ADDRESS: 1615 N CLEVELAND ST CITY/ST/ZIP/CO: ARLINGTON, VA 22201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER GUERRE TITLE: DIRECTOR ADDRESS: 1610 TRAP RD CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ART HAUPTMAN TITLE: DIRECTOR ADDRESS: 2701 N UPSHUR ST CITY/ST/ZIP/CO: ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MEG HOBLER TITLE: DIRECTOR ADDRESS: 1608 DEWILL AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22301-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT KENNEY TITLE: DIRECTOR ADDRESS: 2707 LORCOM LA. CITY/ST/ZIP/CO: ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN WALTERS TITLE: DIRECTOR ADDRESS: 4501 ARLINGTON BLVD #128 CITY/ST/ZIP/CO: A, VA 22203-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LUCY BOWEN MCCAULEY TITLE: DIRECTOR ADDRESS: 2016 N WOODSTOCK ST CITY/ST/ZIP/CO: ARLINGTON, VA 22207-	<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/ LUCY BOWEN MCCAULEY	LUCY BOWEN MCCAULEY, DIRECTOR	7/29/2010
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.