

1.) CORPORATION NAME:

BOWEN MCCAULEY DANCE, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
RICKI MARION
818 N. QUINCY STREET
SUITE 104**

ARLINGTON, VA 22203

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **8/31/2011**

SCC ID NO: **04709234**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 818 N. QUINCY STREET
SUITE 104

CITY/ST/ZIP: ARLINGTON, VA 22203-

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: CHRISTOPHER GUERRE
TITLE: DIRECTOR
ADDRESS: 1610 TRAP RD
CITY/ST/ZIP/CO: VIENNA, VA 22182-

OFFICER DIRECTOR

NAME: ART HAUPTMAN
TITLE: DIRECTOR
ADDRESS: 2701 N UPSHUR ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22207-

OFFICER DIRECTOR

NAME: ROBERT KENNEY
TITLE: DIRECTOR
ADDRESS: 2707 LORCOM LA.
CITY/ST/ZIP/CO: ARLINGTON, VA 22207-

OFFICER DIRECTOR

NAME: LUCY BOWEN MCCAULEY
TITLE: DIRECTOR
ADDRESS: 2016 N WOODSTOCK ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22207-

OFFICER DIRECTOR

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

OFFICER 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: KAREN VASQUEZ TITLE: VICE CHAIR ADDRESS: 5318 NORTH 8TH ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22205-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM BRAKEFIELD TITLE: CHAIRMAN ADDRESS: 2616 N NELSON ST CITY/ST/ZIP/CO: ARLINGTON, VA 22207-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MEG HOBLER TITLE: TREASURER ADDRESS: 1608 DEWILL AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22301-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LIBBY RECTOR SNIPE TITLE: DIRECTOR ADDRESS: 1334 MARTHA CUSTIS DRIVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EDWIN FOUNTAIN TITLE: DIRECTOR ADDRESS: 3714 N. RANDOLPH STREET 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.	
<u>/s/ LUCY BOWEN MCCAULEY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>LUCY BOWEN MCCAULEY, DIRECTOR</u> PRINTED NAME AND CORPORATE TITLE
<u>9/21/2011</u> 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.	