

1.) CORPORATION NAME:

**CALVERT MANOR DEVELOPMENT CORPORATION**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM A FOGARTY  
2200 CLARENDON BLVD #1300  
ARLINGTON, VA**

SCC ID NO: **04803268**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2704 N PERSHING DR

CITY/ST/ZIP: ARLINGTON, VA 22201

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: NINA JANOPAUL TITLE: PRESIDENT ADDRESS: 2704 N PERSHING DR CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RITA BAMBERGER TITLE: VICE PRESIDENT ADDRESS: 2704 N PERSHING DR CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERICA KHATCHADOURIAN TITLE: TREASURER ADDRESS: 2704 N PERSHING DR CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KELLY EICHHORN TITLE: ASST TREASURER ADDRESS: 2704 N PERSHING DRIVE CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RANDY ANDERSON TITLE: SECRETARY ADDRESS: 2704 N PERSHING DRIVE CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID PERROW TITLE: ASST SECRETARY ADDRESS: 2704 N PERSHING DR CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: KIMBERLY PAINTER  OFFICER  DIRECTOR  
TITLE: ASST SECRETARY  
ADDRESS: 2704 N PERSHING DRIVE  
CITY/ST/ZIP/CO: ARLINGTON, VA 22201

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/ KELLY EICHHORN</u>	<u>KELLY EICHHORN, ASST</u>	<u>1/13/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.