

1.) CORPORATION NAME:

Black Rose, Inc.

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

SCC ID NO: **04897088**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

MICHAELA BARRY

800 NETHERCLIFFE HALL RD

GREAT FALLS, VA 22066

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 NETHERCLIFFE HALL RD

CITY/ST/ZIP: GREAT FALLS, VA 22066-

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: JENNIFER VOLMER
TITLE: MEMBER AT LARGE
ADDRESS: 4524 KENWOOD DR
CITY/ST/ZIP/CO: DALE CITY, VA 22193-

OFFICER

DIRECTOR

NAME: JOHN L HOPKINS
TITLE: PRESIDENT
ADDRESS: #201 1045 31ST ST NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20007-4401

OFFICER

DIRECTOR

NAME: THOMAS BEEBE
TITLE: VICE PRESIDENT
ADDRESS: 15134 ALASKA RD
CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191-

OFFICER

DIRECTOR

NAME: EVELYN CHESTER
TITLE: SECRETARY
ADDRESS: 2701 ELNORA STREET
CITY/ST/ZIP/CO: SILVER SPRING, MD 20902-

OFFICER

DIRECTOR

NAME: COVERT BEACH
TITLE: TREASURER
ADDRESS: 200 N PICKETT STREET
APT 1409
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304-

OFFICER

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/ EVELYN CHESTER</u>	<u>EVELYN CHESTER, SECRETARY</u>	<u>8/24/2011</u>
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.