

1.) CORPORATION NAME:

**Black Rose, Inc.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAELA BARRY  
800 NETHERCLIFFE HALL RD  
GREAT FALLS, VA**

SCC ID NO: **04897088**

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN L HOPKINS	
TITLE:	PRESIDENT	
ADDRESS:	#201 1045 31ST ST NW	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007-4401	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ALEX PHILIP MCGEORGE	
TITLE:	VICE PRESIDENT	
ADDRESS:	6262 ROSE HILL DRIVE	
CITY/ST/ZIP/CO:	#34 ALEXANDRIA, VA 22310	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	G ROBERT POWERS	
TITLE:	TREASURER	
ADDRESS:	8311 HADDON DR	
CITY/ST/ZIP/CO:	TAKOMA PARK, MD 20912	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELIZABETH LYNCH	
TITLE:	MEMBER AT LARGE	
ADDRESS:	9979 SILVER FOX TRAIL	
CITY/ST/ZIP/CO:	MANASSAS, VA 20111	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	R EDWARD NELSON	
TITLE:	SECRETARY	
ADDRESS:	8206 CONSETT CT	
CITY/ST/ZIP/CO:	SEVERN, MD 21144	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANIELLE MEYER	
TITLE:	DIRECTOR	
ADDRESS:	6871 MCLEAN PROVINCE CIRCLE	
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043	

NAME: MICHAEL PANCIERA TITLE: DIRECTOR ADDRESS: 14409 ST GERMAIN DR CITY/ST/ZIP/CO: CENTREVILLE, VA 20121	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRADLEY LUBOW TITLE: DIRECTOR ADDRESS: 140 EASTRIDGE CIRCLE CITY/ST/ZIP/CO: ODENTON, MD 21113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JENNIFER VINDAL TITLE: DIRECTOR ADDRESS: 5244 CHAMBERSBURG ROAD CITY/ST/ZIP/CO: ORRTANNA, PA 17353	<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/ R EDWARDNELSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	R EDWARDNELSON, PRINTED NAME AND CORPORATE TITLE	7/16/2013 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.		