

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.

NAME:	JOHN L HOPKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	#201 1045 31ST ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007-4401		
NAME:	ALEX PHILIP MCGEORGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6262 ROSE HILL DRIVE		
CITY/ST/ZIP/CO:	#34 ALEXANDRIA, VA 22310		
NAME:	G ROBERT POWERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P.O. BOX 101222		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22210-4222		
NAME:	ELIZABETH LYNCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MEMBER AT LARGE		
ADDRESS:	9979 SILVER FOX TRAIL		
CITY/ST/ZIP/CO:	MANASSAS, VA 20111		
NAME:	R EDWARD NELSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O. BOX 101222		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22210-4222		
NAME:	BRADLEY LUBOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 101222		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22210-4222		

NAME: DANIELLE MEYER TITLE: DIRECTOR ADDRESS: 6871 MCLEAN PROVINCE CIRCLE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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: JENNIFER VINDAL TITLE: DIRECTOR ADDRESS: P.O. BOX 101222 CITY/ST/ZIP/CO: ARLINGTON, VA 22210-4222	<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 EDWARD NELSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	R EDWARD NELSON, SECRETARY PRINTED NAME AND CORPORATE TITLE	7/26/2013 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.		