

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213549952

1.) CORPORATION NAME:

CULPEPPER GARDEN III, INCORPORATED

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ELIZABETH L. WILDHACK
6045 WILSON BOULEVARD
SUITE 101**

SCC ID NO: **04935714**

5.) STOCK INFORMATION

CLASS AUTHORIZED

ARLINGTON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4435 NORTH PERSHING DRIVE

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: MARY SUSAN PHILP
TITLE: CHAIRMAN
ADDRESS: 3120 N 4TH STREET
CITY/ST/ZIP/CO: ARLINGTON, VA 22201

OFFICER

DIRECTOR

NAME: ELIZABETH WILDHACK
TITLE: SECRETARY
ADDRESS: 6045 WILSON BOULEVARD STE 101
CITY/ST/ZIP/CO: ARLINGTON, VA 22205

OFFICER

DIRECTOR

NAME: JEANNE BROYHILL
TITLE: VICE CHAIRMAN
ADDRESS: 2818 NORTH JEFFERSON ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22207

OFFICER

DIRECTOR

NAME: BARBARA GREEN
TITLE: TREASURER
ADDRESS: 5642 20TH ST NORTH
CITY/ST/ZIP/CO: ARLINGTON, VA 22205-3202

OFFICER

DIRECTOR

NAME: BRIAN ALEXANDER
TITLE: DIRECTOR
ADDRESS: 4800 HAMPDEN LANE
CITY/ST/ZIP/CO: BETHESDA, MD 20814

OFFICER

DIRECTOR

NAME: GREGG FORTE
TITLE: DIRECTOR
ADDRESS: 227 N. OAKLAND ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER

DIRECTOR

NAME: EDITH GRAVELY TITLE: DIRECTOR ADDRESS: 2300 N. CULPEPER ST CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARSHA ALLGEIER TITLE: DIRECTOR ADDRESS: 2100 CLARENDON BLVD CITY/ST/ZIP/CO: STE 302 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD REDFOOT TITLE: DIRECTOR ADDRESS: 301 E STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH MARSHALL TITLE: DIRECTOR ADDRESS: 1921 FRANKLIN AVENUE CITY/ST/ZIP/CO: MCLEAN, VA 22101-5309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY ALDINGER TITLE: DIRECTOR ADDRESS: 2429 N. QUINTANA STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA FAVOLA TITLE: DIRECTOR ADDRESS: 2319 18TH ST NORTH CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<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/ ELIZABETH WILDHACK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH WILDHACK, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/28/2013 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.		