

1.) CORPORATION NAME:

**THE DELTA EDUCATION AND PUBLIC SERVICE
FOUNDATION OF PRINCE WILLIAM COUNTY, INC.**

DUE DATE: **1/31/2012**

SCC ID NO: **04972824**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
RITCHIE G CARROLL
8429 SUMMER BREEZE PL
MANASSAS, VA 20112**

5.) STOCK INFORMATION

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

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8429 SUMMER BREEZE PLACE

CITY/ST/ZIP: MANASSAS, VA 20112-

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:	TYESHIA MCINTYRE-BRAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	01 CRESSIDA PL		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22152-		
NAME:	PATRICIA H WILLIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VC OF BOARD		
ADDRESS:	10400 HUDSON CREST DR		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112-		
NAME:	DONNA HINES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	18512 KERRILL RD		
CITY/ST/ZIP/CO:	TRIANGLE, VA 22172-		
NAME:	VONDERLERE REID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3956 STIRRUP CT		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192-		
NAME:	JACQUELINE RHODES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14197 CUDDY LOOP #302		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22193-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RITCHIE GRAHAM CARROLL PRESIDENT 8429 SUMMER BREEZE PLACE MANASSAS, VA 20112-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IDA MCNEILL LEE TREASURER 13904 MARBLESTONE DR CLIFTON, VA 20124-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIGETTE ADKINS Financial Sec 1940 HEATHERBROOK CT WOODBIDGE, VA 22192-	<input checked="" 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/ RITCHIE GRAHAM CARROLL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RITCHIE GRAHAM CARROLL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/31/2012 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.			