

SCC eFile
(6/10)

**2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

210501810

1.) CORPORATION NAME:

ANALEMMA SOCIETY

DUE DATE: **9/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
CHARLES G PRESTON
774-C WALKER RD
PO BOX 820**

SCC ID NO: **05095856**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GREAT FALLS, VA 22066

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10613 CALVALCADE AVE

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: CHARLES OLIN
TITLE: PRESIDENT
ADDRESS: 9447 RABBIT HILL ROAD
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER

DIRECTOR

NAME: DR JEFFREY L KRETSCH
TITLE: TREASURER
ADDRESS: 166 SULGRAV CT
CITY/ST/ZIP/CO: STERLING, VA 20165-

OFFICER

DIRECTOR

NAME: PAUL H. REISTRUP
TITLE: VICE PRESIDENT
ADDRESS: 8614 BROOK RD
CITY/ST/ZIP/CO: MCLEAN, VA 22102-1541

OFFICER

DIRECTOR

NAME: ROLAND TIBBETTS
TITLE: DIRECTOR
ADDRESS: 19375 CYPRESS RIDGE TERRACE
CITY/ST/ZIP/CO: LANDSDOWNE, VA 20176-

OFFICER

DIRECTOR

NAME: DAVID NORTH
TITLE: DIRECTOR
ADDRESS: 6740 TOWNEIN RD
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER

DIRECTOR

NAME: JACQUE OLIN TITLE: DIRECTOR ADDRESS: 9506 WATTS ROAD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ESCHI WARWICH TITLE: DIRECTOR ADDRESS: POB 130 CITY/ST/ZIP/CO: QUICKSBURG, VA 22847-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT ANDERSON TITLE: DIRECTOR ADDRESS: 11543 MAPLE RIDGE ROAD CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DOUGLA WOOD TITLE: DIRECTOR ADDRESS: 10612 MILKWEED DR CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT BEAMER TITLE: DIRECTOR ADDRESS: PO BOX 357 CITY/ST/ZIP/CO: MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM F KELLEY TITLE: DIRECTOR ADDRESS: 11022 BURYWOOD LN CITY/ST/ZIP/CO: RESTON, VA 20194-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM KEMMERER TITLE: DIRECTOR ADDRESS: 800 AARON COURT CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-	<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/ DR JEFFREY L KRETSCH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DR JEFFREY L KRETSCH, TREASURER PRINTED NAME AND CORPORATE TITLE
9/13/2010 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.	