

1.) CORPORATION NAME:

ANALEMMA SOCIETY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

GREAT FALLS, VA 22066

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **9/30/2011**

SCC ID NO: **05095856**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 196

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9447 RABBIT HILL ROAD		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066-		
NAME:	PAUL H. REISTRUP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8614 BROOK RD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102-1541		
NAME:	DR JEFFREY L KRETSCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	166 SULGRAV CT		
CITY/ST/ZIP/CO:	STERLING, VA 20165-		
NAME:	ROBERT ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11543 MAPLE RIDGE ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20190-		
NAME:	ROBERT BEAMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 357		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		

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
NAME: DAVID NORTH TITLE: DIRECTOR ADDRESS: 6740 TOWNEIN RD CITY/ST/ZIP/CO: MCLEAN, VA 22101-	<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: 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: JACQUE OLIN TITLE: SECRETARY ADDRESS: 9506 WATTS ROAD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DON FOWLER TITLE: SECRETARY ADDRESS: 1357 CARPERS FARM WAY CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input checked="" type="checkbox"/> OFFICER <input 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
8/30/2011 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.	