

1.) CORPORATION NAME:

ANALEMMA SOCIETY

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JEFFREY LEE KRETSCH
166 SULGRAVE CT
STERLING, VA 20165**

SCC ID NO: **05095856**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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 TITLE: PRESIDENT ADDRESS: 9447 RABBIT HILL ROAD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PAUL H. REISTRUP TITLE: VICE PRESIDENT ADDRESS: 8614 BROOK RD CITY/ST/ZIP/CO: MCLEAN, VA 22102-1541	<input checked="" type="checkbox"/> OFFICER	<input 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
NAME: DR JEFFREY L KRETSCH TITLE: TREASURER ADDRESS: 166 SULGRAV CT CITY/ST/ZIP/CO: STERLING, VA 20165	<input checked="" type="checkbox"/> OFFICER	<input 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: 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 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
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	9/26/2012 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.		