

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213520406

1.) CORPORATION NAME:

TYSONS PARK, INC.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **05223649**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7501 WISCONSIN AVENUE
SUITE 1500E

CITY/ST/ZIP: BETHESDA, MD 20814-6522

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:	Thomas H. McCormick	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522		

NAME:	PATRICK T CONNORS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500E		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME:	JOEL A FRIEDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500E		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME:	KIMBERLEY J ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522		

NAME:	ELIZABETH R COOK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7501 WISCONSIN AVENUE STE 1500		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522		

NAME: MERLE F SUSTERSICH TITLE: SECRETARY ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500E CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JESSICA PARKER TITLE: DIRECTOR ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500 CITY/ST/ZIP/CO: BETHESDA, MD 20814-6522	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MERLE F SUSTERSICH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MERLE F SUSTERSICH, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/29/2013 DATE
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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.