

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215518090

1.) CORPORATION NAME:

TYSONS PARK, INC.

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **05223649**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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

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

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

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:	DEBORAH D. GAULT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP AND ASST T		
ADDRESS:	7501 WISCONSIN AVENUE SUITE 1500 E		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A. SPAIN VICE PRESIDENT 7501 WISCONSIN AVENUE SUITE 1500 E BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DERRICK A. WADE ASST VP 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLEY J ANDERSON ASST SECRETARY 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B. FRANCIS SAUL II CEO 7501 WISCONSIN AVENUE SUITE 1500 E BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY E. SPENCER ASST SECRETARY 7501 WISCONSIN AVENUE SUITE 1500 E BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MERLE F SUSTERSICH SECRETARY 7501 WISCONSIN AVENUE SUITE 1500E BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESSICA PARKER DIRECTOR 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814-6522	<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/ J. PAGE LANSDALE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	J. PAGE LANSDALE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/8/2015 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.			