

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214529850

1.) CORPORATION NAME:

DULLES NORTH FOUR, CORP.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **05249453**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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
STE 1500

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.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	BYRON S BARLOW				
TITLE:	VICE PRESIDENT				
ADDRESS:	7501 WISCONSIN AVE				
	STE 1500				
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522				

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

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

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JESSICA L PARKER				
TITLE:	DIRECTOR				
ADDRESS:	7501 WISCONSIN AVE STE 1500				
CITY/ST/ZIP/CO:	BETHESDA, MD 20814-6522				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	B. Francis Saul II				
TITLE:	CEO				
ADDRESS:	7501 Wisconsin Avenue				
	Suite 1500 E				
CITY/ST/ZIP/CO:	Bethesda, MD 20814				

NAME: Joel A. Friedman TITLE: VP and Trea. ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Merle F. Sustersich TITLE: SECRETARY ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Patrick T. Connors TITLE: VICE PRESIDENT ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: John A. Spain TITLE: VICE PRESIDENT ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Deborah D. Gault TITLE: VP and AT ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Derrick A. Wade TITLE: Assistant VP ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Amy E. Spencer TITLE: ASST SECRETARY ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814	<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/ Merle F.Sustersich	Merle F.Sustersich,	6/10/2014		
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.				