

1.) CORPORATION NAME:

**AZALEA CHARITIES, INC.**

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
FRANCIS E LASCH SR  
15363 BOWMANS FOLLY DR  
MANASSAS, VA 20112**

SCC ID NO: **05332622**

5.) STOCK INFORMATION

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

**PRINCE WILLIAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: POB 579

CITY/ST/ZIP: DUMFRIES, VA 22026-

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: DOUGLAS S TAGGART  
TITLE: PRESIDENT  
ADDRESS: 4501 ANDREWS PLACE  
CITY/ST/ZIP/CO: MONTCLAIR, VA 22025-1414

OFFICER

DIRECTOR

NAME: KEVIN CHEEZUM  
TITLE: SR. VP  
ADDRESS: 4171 LOWER PARK DR  
CITY/ST/ZIP/CO: FAIRFAX, VA 22030-

OFFICER

DIRECTOR

NAME: FRANK LASCH  
TITLE: CHRMN/CEO/D  
ADDRESS: 15363 BOWMANS FOLLY DR  
CITY/ST/ZIP/CO: MANASSAS, VA 20112-

OFFICER

DIRECTOR

NAME: THOMAS RACHELE  
TITLE: CFO  
ADDRESS: 15413 SILVAN GLEN DR  
CITY/ST/ZIP/CO: MONTCLAIR, VA 22025-1010

OFFICER

DIRECTOR

NAME: CYNTHIA F FISCKO  
TITLE: SECRETARY  
ADDRESS: 15553 FANCY FARM CT  
CITY/ST/ZIP/CO: MANASSAS, VA 20112-5404

OFFICER

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.

|   |                                  |                  |
|---|----------------------------------|------------------|
| <u>/s/ THOMAS RACHELE</u>                           | <u>THOMAS RACHELE, CFO</u>       | <u>1/28/2012</u> |
| 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.