

1.) CORPORATION NAME:

Dulles North Six Corp.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05338686**

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
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.

<p>NAME: THOMAS MCCORMICK TITLE: PRESIDENT/DIR ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500E CITY/ST/ZIP/CO: BETHESDA, MD 20814-6522</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PATRICK T CONNORS TITLE: VICE PRESIDENT ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500 CITY/ST/ZIP/CO: BETHESDA, MD 20814-6522</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOEL FRIEDMAN TITLE: VP & Treasurer ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500 CITY/ST/ZIP/CO: BETHESDA, MD 20814-6522</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MERLE F SUSTERSICH TITLE: SECRETARY ADDRESS: 759 WISCONSIN AVENUE SUITE 1500 CITY/ST/ZIP/CO: BETHESDA, MD 20814-6522</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Jessica L. Parker TITLE: DIRECTOR ADDRESS: 7501 Wisconsin Avenue Suite 1500 E CITY/ST/ZIP/CO: Bethesda, MD 20814</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B. Francis Saul II 7501 Wisconsin Avenue CEO Suite 1500 E Bethesda Bethesda, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bryon S. Barlow 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:	J. Page Lansdale 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:	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:	Deborah D. Gault VP & Asst Trea 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 E 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 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 Avnue Suite 1500 E 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MERLE F SUSTERSICH, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/6/2014 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.		