

1.) CORPORATION NAME:

The Financial Planning Association of the National Capital Area

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

SCC ID NO: **05413729**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PEGGY NELSON
12816 TEWKSBURY DRIVE
HERNDON, VA**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12816 TEWKSBURY DRIVE

CITY/ST/ZIP: HERNDON, VA 20171

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:	MARGUERITA M CHENG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	6400 GOLDSBORO RD #550		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME:	RYAN FLEMING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1850 M STREET, NW SUITE 250		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME:	PEGGY NELSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	12816 TEWKSBURY DRIVE		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME:	KEN ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	210 CORPORATE RIDGE, #210		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	BRYAN BEATTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1919 GALLOWS ROAD, #980		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME:	MITCH BERLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6400 GOLDSBORO RD., #550		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF KULIK DIRECTOR 6540 AUTUMN WIND CIRCLE CLARKSVILLE, MD 21029	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN LASH SECRETARY 8391 OLD COURTHOUSE ROAD, #203 VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HELEN MODLY President Elect PO BOX 327, 112 W WASHINGTON ST MIDDLEBURG, VA 20118	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOMMIE MONEZ DIRECTOR PO BOX 327, 112 W WASHINGTON STREET MIDDLEBURG, VA 20118	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL NESTER DIRECTOR 1800 ROBERT FULTON DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT PETERSON DIRECTOR 9928 WOODROW STREET VIENNA, VA 22181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD PRESSMAN DIRECTOR 1919 GALLOWS ROAD, #980 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS RIVERS DIRECTOR 1850 M STREET, #250 WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TACY PAUL ROBY DIRECTOR 4550 MONTGOMERY AVE. BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN SINDELL DIRECTOR 200 NORTH COLUMBIA STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON YANKEE DIRECTOR 1925 ISAAC NEWTON SQUARE E, #400 RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Augie Zullo TITLE: DIRECTOR ADDRESS: 1800 Robert Fulton Drive CITY/ST/ZIP/CO: Reston, VA 20191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Josh Halpern TITLE: DIRECTOR ADDRESS: 1688 East Gude Drive CITY/ST/ZIP/CO: Rockville, MD 20850	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Tracey Baker TITLE: DIRECTOR ADDRESS: 11320 Random Hills Road CITY/ST/ZIP/CO: Fairfax, VA 22030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Parker Trasborg TITLE: DIRECTOR ADDRESS: 11320 Random Hills Road CITY/ST/ZIP/CO: Fairfax, VA 22030	<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/ PEGGY NELSON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PEGGY NELSON, EXEC DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE
5/9/2013 _____ 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.	