

1.) CORPORATION NAME:

The Financial Planning Association of the National Capital Area

DUE DATE: **6/30/2014**

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: RYAN FLEMING TITLE: CHAIRMAN ADDRESS: 1850 M STREET, NW SUITE 250 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HELEN MODLY TITLE: PRESIDENT ADDRESS: PO BOX 327, 112 W WASHINGTON ST CITY/ST/ZIP/CO: MIDDLEBURG, VA 20118	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEN ROBINSON TITLE: PRESIDENT ELECT ADDRESS: 1818 Library Street, Suite 500 CITY/ST/ZIP/CO: Reston, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAN LASH TITLE: TREASURER ADDRESS: 8391 OLD COURTHOUSE ROAD, #203 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PEGGY NELSON TITLE: EXEC DIRECTOR ADDRESS: 12816 TEWKSBURY DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN BEATTY SECRETARY 1919 GALLOWS ROAD, #980 VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSH HALPERN DIRECTOR 1688 EAST GUDE DRIVE ROCKVILLE, MD 20850	<input 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:	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:	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:	PARKER TRASBORG DIRECTOR 11320 RANDOM HILLS ROAD FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON YANKEE DIRECTOR 1900 Campus Commons Drive, Suite 500 RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AUGIE ZULLO DIRECTOR 1800 ROBERT FULTON DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Solon Vlasto DIRECTOR 24920 Pearmain Court Aldie, VA 20105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Melissa Sotudeh DIRECTOR 4550 Montgomery Ave., Suite 252N Bethesda, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Patricia Ludwig TITLE: DIRECTOR ADDRESS: 17309 Twin Ridge Court CITY/ST/ZIP/CO: Silver Spring, MD 20905	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Ilene Brostrom TITLE: DIRECTOR ADDRESS: 6400 Goldsboro Road, Suite 550 CITY/ST/ZIP/CO: Bethesda, MD 20817	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Matthew Davis TITLE: DIRECTOR ADDRESS: 1900 Campus Commons Drive, Suite 500 CITY/ST/ZIP/CO: Reston, VA 20191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Lauren Grove TITLE: DIRECTOR ADDRESS: 301 Maple Avenue, West, Suite 600 CITY/ST/ZIP/CO: Vienna, VA 22180	<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
6/9/2014 _____ 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.	