

1.) CORPORATION NAME:

FRIENDS OF VALE SCHOOLHOUSE, INC.

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

SCC ID NO: **05528039**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

RESAGENT INC

3190 FAIRVIEW PARK DR STE 300

FALLS CHURCH, VA 22042

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: PO BOX 6

CITY/ST/ZIP: OAKTON, VA 22124-

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: CAROL CROSS
TITLE: PRESIDENT
ADDRESS: 3449 VALENWOOD DR
CITY/ST/ZIP/CO: OAKTON, VA 22124-

OFFICER

DIRECTOR

NAME: MARY COLOMBI
TITLE: VICE PRESIDENT
ADDRESS: 3108 WHEATLAND FARMS CT
CITY/ST/ZIP/CO: OAKTON, VA 22124-

OFFICER

DIRECTOR

NAME: DEBI DICKS
TITLE: VICE PRESIDENT
ADDRESS: 10310 CONEJO LA
CITY/ST/ZIP/CO: OAKTON, VA 22124-

OFFICER

DIRECTOR

NAME: MARGARET BRUMMOND
TITLE: SECRETARY
ADDRESS: 11711 FLEMISH MILL CT
CITY/ST/ZIP/CO: OAKTON, VA 22124-

OFFICER

DIRECTOR

NAME: JULIE GRISCOM
TITLE: TREASURER
ADDRESS: 12008 ST HELENA DR
CITY/ST/ZIP/CO: OAKTON, VA 22124-

OFFICER

DIRECTOR

NAME: SUE BARUCH TITLE: DIRECTOR ADDRESS: 10912 WATERMILL CT CITY/ST/ZIP/CO: OAKTON, VA 22124-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILMA ROSCH TITLE: DIRECTOR ADDRESS: 3283 FOX MILL RD CITY/ST/ZIP/CO: OAKTON, VA 22124-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARYAN D SMITH TITLE: DIRECTOR ADDRESS: PO BOX 417 CITY/ST/ZIP/CO: OAKTON, VA 22124-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANNE SMITH TITLE: DIRECTOR ADDRESS: 2112 TWIN MILL LA CITY/ST/ZIP/CO: OAKTON, VA 22124-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BETSY ROCK TITLE: DIRECTOR ADDRESS: 2916 BRIAN'S HILL LA CITY/ST/ZIP/CO: OAKTON, VA 22124-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA ANN LEICHTWEIS TITLE: DIRECTOR ADDRESS: 8604 MCHENRY ST CITY/ST/ZIP/CO: VIENNA, VA 22180-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FLOSSI DELANEY-NIX TITLE: DIRECTOR ADDRESS: 3409 VALEWOOD DR CITY/ST/ZIP/CO: OAKTON, VA 22124-	<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/ JULIE GRISCOM _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIE GRISCOM, TREASURER _____ PRINTED NAME AND CORPORATE TITLE
1/7/2012 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.	