

1.) CORPORATION NAME:

FRIENDS OF VALE SCHOOLHOUSE, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RESAGENT INC
3190 FAIRVIEW PARK DR STE 300
FALLS CHURCH, VA**

SCC ID NO: **05528039**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CAROL CROSS	
TITLE:	PRESIDENT	
ADDRESS:	3449 VALENWOOD DR	
CITY/ST/ZIP/CO:	OAKTON, VA 22124	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARY COLOMBI	
TITLE:	VICE PRESIDENT	
ADDRESS:	3108 WHEATLAND FARMS CT	
CITY/ST/ZIP/CO:	OAKTON, VA 22124	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DEBI DICKS	
TITLE:	VICE PRESIDENT	
ADDRESS:	10310 CONEJO LA	
CITY/ST/ZIP/CO:	OAKTON, VA 22124	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JULIE GRISCOM	
TITLE:	TREASURER	
ADDRESS:	12008 ST HELENA DR	
CITY/ST/ZIP/CO:	OAKTON, VA 22124	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARGARET BRUMMOND	
TITLE:	SECRETARY	
ADDRESS:	11711 FLEMISH MILL CT	
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	

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 CITY/ST/ZIP/CO: Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kerry Nikolich TITLE: DIRECTOR ADDRESS: 11128 Tattersall Trail CITY/ST/ZIP/CO: Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Flossie Delaney TITLE: DIRECTOR ADDRESS: 3153 Stone Oak Place 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	1/1/2014 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.		