

1.) CORPORATION NAME:

FRIENDS OF THE RESTON REGIONAL LIBRARY, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CARL RICHARD KARLSSON
11925 BOWMAN TOWNE DR
RESTON, VA**

SCC ID NO: **05574181**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11925 BOWMAN TOWNE DRIVE

CITY/ST/ZIP: RESTON, VA 20190

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:	BRIAN JACOBY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11566 WOODHOLLOW COURT		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	MICHAEL KENNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3002 EMERALD CHASE DRIVE		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	HELEN FEDOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11925 BOWMAN TOWNE DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	CARL RICHARD KARLSSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3103 FOX MILL ROAD		
CITY/ST/ZIP/CO:	OAKTON, VA 22124		
NAME:	DAVID LITTLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12523 CLIFF EDGE DRIVE		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	Jennifer Scutella	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11240 Chestnut Grove Square		
CITY/ST/ZIP/CO:	Unit 159 Reston, VA 20190		

NAME: Roxanne Hughes TITLE: DIRECTOR ADDRESS: 12002 Walnut Branch Road CITY/ST/ZIP/CO: Reston, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
------------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

NAME: Carol Ann Bradley TITLE: DIRECTOR ADDRESS: 2305 Old Trail Drive CITY/ST/ZIP/CO: Reston, VA 20191	<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/ Jennifer Scutella	Jennifer Scutella, TREASURER	4/28/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.